

**PUTTING FAMILIES FIRST:
STRENGTHENING CHAMPVA FOR
SURVIVORS AND DEPENDENTS**

HEARING
BEFORE THE
SUBCOMMITTEE ON HEALTH
OF THE
COMMITTEE ON VETERANS' AFFAIRS
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WEDNESDAY, DECEMBER 10, 2025

SUBCOMMITTEE ON HEALTH,
COMMITTEE ON VETERANS' AFFAIRS,
U.S. HOUSE OF REPRESENTATIVES,
Washington, DC.

The subcommittee met, pursuant to notice, at 3:38 p.m., in room 360, Cannon House Office Building, Hon. Mariannette Miller-Meek [chairwoman of the subcommittee] presiding.

Present: Representatives Miller-Meek, King-Hinds, Kiggans, Brownley, Cherfilus-McCormick, Dexter, and Conaway.

OPENING STATEMENT OF MARIANNETTE MILLER-MEEKS, CHAIRWOMAN

Ms. MILLER-MEEKS. The Subcommittee on Health will now come to order. The chair may declare recess at any point. That was when we were anticipating votes.

I would like to welcome all the members and the witnesses to today's hearing. Many here today have likely heard that the U.S. Department of Veterans Affairs (VA) has taken significant steps to improve the Civilian Health and Medical Program of the Department of Veterans Affairs, CHAMPVA. CHAMPVA is a program to provide earned benefits for veterans' families whenever the veteran has qualifying service-connected disabilities or death. A veteran spouse or child can access a range of covered health services through CHAMPVA, inpatient and outpatient care, prescription drugs, mental health services, skilled nursing care, and others.

CHAMPVA is a way that we honor our commitment to serving the veterans and their families who are injured in the line of duty. Sometimes circumstances require that family members forego a full-time job with health insurance benefits so they can care for their veteran full time instead. These caregivers consider CHAMPVA a lifeline.

Decades ago, Congress created CHAMPVA to close a gap left by TRICARE. CHAMPVA, when it works, is a huge relief for veterans and their families. Affordability is on everyone's mind and that is especially true for veteran families with serious medical needs. Fortunately, the VA has recently taken steps to ensure CHAMPVA works. I am pleased that the Trump administration is pulling out all the stops to bring down the cost of living by putting families first.

Just before Thanksgiving, Secretary Collins announced the elimination of CHAMPVA application backlog. That is over 60,000 more families who can now access caregiver healthcare benefits at the VA.

The subcommittee appreciates the VA's work to modernize CHAMPVA. Online applications and claims should have been available a long time ago, but if we continue to hold the VA accountable, veterans and their families will see greater results.

As a case in point, I am particularly pleased that the VA is in the process of developing a CHAMPVA Provider Directory. This is after an abundance of feedback from Members of Congress to the VA about the difficulty that beneficiaries have even finding someone who will accept CHAMPVA. The committee has been diligent in exploring solutions for a provider directory. I want to thank my friend and colleague, Oversight Committee Chairwoman Jen Kiggins for her leadership on this issue as she recently wrote a letter and introduced legislation to create this system for veterans and their families. Needless to say, we will continue to exercise oversight to ensure that the CHAMPVA Directory is fully implemented.

Modernization like this and CHAMPVA's ongoing efforts enhances the convenience of using the CHAMPVA program, and now VA can process applications and claims faster than they have in the past. I am encouraged that the VA is now aiming to process 100 percent of electronic claims within 30 days. It should be noted that in the past, their stretch goal was to process 90 percent of electronic claims in that time.

However, there are still obstacles and opportunities for this program. Navigating VA bureaucracy is never easy. I have heard that certain obstacles remain in CHAMPVA, and I expect our witnesses to highlight these issues today.

Foremost, this subcommittee will do its part so that the VA can process 100 percent of all claims within 30 days, not only the electronic ones. Paper claims still take too long to process. I know delays are inherent and manual processing is tedious, but I look forward to working with the VA to speed up paper processing as well.

Second, there is limited transparency for status updates on applications or claims requests. Spouses and children want to know what is going on with your application. Caregivers and providers want to know whether their claims will be accepted or denied. Whenever they hear radio silence from the VA, they lose trust in the VA.

This subcommittee spoke with one large healthcare provider who shared that the VA assigned a direct representative to address their claims questions. The direct representative was too overwhelmed to ever timely resolve the provider's questions. The provider would have to wait months just to get questions answered. Speaking as a veteran and a provider, I want to ensure this provider's experience is a thing of the past. There must be a better way to get information for families and providers so they know exactly what their benefits are ahead of time.

Third, the VA could resolve claims faster if it improved its ability to cross-reference a spouse or a child's health insurance and wheth-

er that person reached his or her deductible. Because CHAMPVA can function as either a primary or a secondary payer, providers must properly bill either the program or somebody else's health insurance first. Unfortunately, this coordination frequently breaks down and providers lose time filing the claim, only for the VA to require a different form.

It is also important to know in real-time whether a spouse or child has reached the deductible. Right now, real-time knowledge is unavailable to claims processors. I would like to see that change.

Last, some aspects of the CHAMPVA process create snags for caregivers that limit the program's use. The subcommittee has heard most about the fact that CHAMPVA identification cards are, in fact, not cards. They are strips of paper. Mrs. Benson so clearly explained the issue when she showed this subcommittee her own card. She explained that if anything happens to the card, meaning paper strip, like if somebody accidentally spills a drink on it, it has never happened to anybody in this committee or in the audience, the caregiver must wait for another strip of paper from the VA. Caregivers should not have to ask their neighbor for a laminator to avoid damage or destruction to their healthcare paperwork.

I hope this discussion sheds light on these concerns and opens the door to further discussions on how we continue to modernize CHAMPVA and have it work better for veterans and their caregivers.

Just like every other American family, veteran families with caregiving responsibilities set aside this time of year to give their thanks to God, celebrate one another, and enjoy tradition. Caregivers must also balance the healthcare demands to ensure that they and their loved ones in need enjoy the season to the fullest. Our goal with this hearing is to make CHAMPVA work as it is intended to serve veterans families.

Finally, I would like to thank beneficiaries, like Mrs. Benson and many others from groups like Senator Elizabeth Dole's foundation, for sharing their stories and bringing CHAMPVA's issues to us.

I now yield to Ranking Member Brownley for any open remarks she may have.

OPENING STATEMENT OF JULIA BROWNLEY, RANKING MEMBER

Ms. BROWNLEY. Thank you, Madame Chair. Thank you to our witnesses for being here today and apologize for the waiting that you had to undergo. I am glad to have an opportunity to examine the CHAMPVA program and the significant opportunities for improvement in VA's administration of this program.

I would first like to note that the committee staff have not received a briefing from VA's Office of Integrated Veteran Care (IVC) since December 2024, a whole year ago. I hope you agree, Madame Chair, that this is wildly unacceptable, especially considering this office is responsible for administering community care programs that account for more than \$40 billion per year in VA expenditures. Committee staff used to receive briefings from this office every other month. I am very concerned that under the Trump administration, these briefings have completely stopped.

CHAMPVA is just one of the programs the Office of Integrated Veteran Care administers, and it is my understanding that they were working on a number of initiatives to improve this program throughout 2024, but we have received no updates in nearly a year.

I am glad VA officials are here today to share their recent progress, but it is clear from our other witnesses' testimony that far more remains to be done and we need more regular oversight of CHAMPVA program. Whether it is the lack of online self-service tools for applicants, enrollees, and providers, the lack of a formal provider network or online provider directory, or the lack of transparency for beneficiaries and providers about allowable payment rates, there are many ways that CHAMPVA could work better for beneficiaries and providers.

As many of you know, I have long been a proponent of reforms for CHAMPVA. I strongly believe my legislation to allow dependents to remain enrolled until they turn 26, regardless of school enrollment, is necessary to ensure parity between CHAMPVA and most Other Health Insurance (OHI) plans. However, in previous testimony about my CHAMPVA bill, VA indicated that it does not view CHAMPVA as an insurance plan, but as a medical care benefit. As I said, then, if it walks like a duck and swims like a duck and quacks like a duck, it is probably a duck. CHAMPVA has copays, annual deductibles, and maximum out-of-pocket costs. It has a formulary. CHAMPVA requires prior authorization for certain services. It counts as minimum essential coverage under the Affordable Care Act (ACA). If that is not health insurance, I do not know what it is.

VA needs to decide if it wants to continue to force caregivers and families of veterans to navigate a system that has all of the complexities and frustrations of health insurance and places all the burden of navigating that system on beneficiaries, or if it wants to provide the loved ones of fallen and severely injured servicemembers and their caregivers of our most vulnerable veterans with the best support and healthcare benefits possible. That is my choice.

Mrs. Benson, I am glad we have you here today to speak about your own experiences as well as your work with the Code of Support Foundation, helping other families and caregivers navigate the system. It is clear from your testimony that you are well-versed in this program and how to navigate it. VA should not be reliant on beneficiaries to recruit providers, determine what codes will allow VA to process claims, and know every step of a complex appeals process. The way the system is currently set up, it seems you need endless hours of free time and the equivalent of a Ph.D. in health insurance just to make sure your family can get covered for the care you need. This obviously is not acceptable.

I believe it is clear to everyone in this room that there is massive room for improvement in the CHAMPVA program. This hearing is a good step at providing insight and oversight. I hope it will not end here.

I thank you and, Madame Chair, thank you for the hearing, and I yield back.

Ms. MILLER-MEEKS. Thank you, Ranking Member Brownley.

I would now like to introduce our witnesses who have been very patient through this process. Thank you again.

Testifying before us today, we have Dr. Maria Llorente, acting assistant under secretary for health at the Office of Integrated Veteran Care at the VA. She is supported by Mr. David Fennell, director of veteran and family member programs, including CHAMPVA. Mrs. Caira Benson, veteran support and strategic initiatives specialist at the Code of Support Foundation. She is also a CHAMPVA beneficiary. Mr. Jim Zenner, excuse me, national policy director for the National Association of County Veteran Service Officers.

Dr. Llorente, you are now recognized for 5 minutes to present your testimony.

STATEMENT OF MARIA LLORENTE

Dr. LLORENTE. Thank you. Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished members of the subcommittee, thank you for the opportunity to testify today about the Civilian and Medical Program of the Department of Veterans Affairs, or CHAMPVA, a vital program that provides healthcare coverage to eligible spouses, children, survivors, and caregivers of qualifying veterans. Joining me today is Mr. David Fennell. He is the director of veteran and family member programs in the Office of Integrated Veteran Care.

CHAMPVA plays a critical role in supporting the families of veterans who have made profound sacrifices in service to our Nation. My testimony today will provide an overview of the program's eligibility criteria, current operations, recent improvements, and opportunities for continued collaboration with Congress to ensure timely, efficient, and equitable access to care. Authorized under the United States Code Title 38, Section 1781, CHAMPVA provides healthcare coverage to eligible spouses, surviving spouses, and children of veterans who are permanently and totally disabled due to a service-connected disability or who died as a result of a service-connected condition or who died while rated permanently and totally disabled from a service-connected condition. It also covers certain survivors of members who died in the line of duty and certain primary family caregivers under the program of Comprehensive Assistance for Family Caregivers.

To be eligible for CHAMPVA, the individual cannot be eligible for TRICARE. As of November 2025, CHAMPVA provides healthcare coverage to more than a million beneficiaries. The program receives approximately 4,000 new applications every week, and more than 90 percent of medical and pharmacy claims are now processed electronically within days of receipt, ensuring timely reimbursement and continuity of care.

Under the leadership of Secretary Collins, and thanks to recent reforms, the application backlog, previously exceeding 70,000 cases, has been eliminated. New applications are now processed in a matter of days. The appeals backlog has also been reduced from over 20,000 to approximately 1,000 with continued progress underway. These improvements reflect Department of Veterans Affairs' commitment to veteran first service delivery, accountability, and efficiency.

Under the last administration, CHAMPVA faced significant delays in application and appeals processing due to increased demand, staffing constraints, and reliance on legacy manual systems. Some applicants waited over 150 days for determinations. Under Secretary Collins' leadership, VA implemented a two-pronged strategy: authorizing overtime for application processors and introducing enhanced process engineering and new automation to streamline workflows. These actions have assured timely access to benefits for eligible CHAMPVA beneficiaries.

VA is modernizing CHAMPVA operations to reduce bureaucracy and improve the user experience. In December 2025, we will complete the transition to a more automated application processing system, increasing efficiency and reducing manual workload. These efforts align with VA's broader digital transformation strategies and support the Department's goals of transparency, reduced administrative burden, and improved outcomes for veterans and beneficiaries.

Access to accurate provider information is another area of focus. Although CHAMPVA beneficiaries may see any provider who accepts CHAMPVA's allowable rates, VA acknowledges that beneficiaries may experience difficulty identifying participating providers or confirming whether a provider is accepting new patients. We are working to improve how provider information is presented and maintained, including updating publicly available guidance and strengthening communication with providers who build CHAMPVA.

We appreciate the continued interest in strengthening CHAMPVA. Over the last few months, VA has made significant strides in eliminating backlogs, modernizing systems, and improving access. We remain focused on delivering timely, high-quality service to those who have sacrificed so much.

This concludes my statement and we look forward to responding to any questions that you may have.

[THE PREPARED STATEMENT OF MARIA LLORENTE APPEARS IN THE APPENDIX]

Ms. MILLER-MEEKS. Thank you, Dr. Llorente.

Mrs. Benson, you are now recognized for 5 minutes to present your testimony.

STATEMENT OF CAIRA BENSON

Mrs. BENSON. Chairwoman Miller-Meeks, Ranking Member Brownley, and members of the House Veterans' Affairs Subcommittee on Health, thank you for inviting me to testify today. It is my honor to return to further the discussion on the inefficiencies and inequalities within the Department of Veterans Affairs CHAMPVA Program.

At the Code of Support Foundation we work with veterans and their families every day. Our digital resource hub, PATRIOTlink, has served over 67,000 military community members to find needed supports and resources. Our case management team has already worked with over 1,300 family members this year to navigate local, regional, national, and government partners to achieve stability through needed financial, social, physical health, and mental health supports. I am not just here as an employee. I am here as

a caregiver and advocate and Elizabeth Dole Foundation fellow alum and a CHAMPVA user.

I care for my husband, who deployed twice to Iraq as a combat engineer between 2003 and 2006. My husband suffered multiple traumatic brain injuries during his years of service, complicated by toxic encephalopathic process, most likely due to chemical exposure. My five children and I enrolled in CHAMPVA in 2017, when my husband was awarded permanent total status for service-connected injuries. We breathed a sigh of relief knowing that we would have the safety net of healthcare for myself and our children, three of whom have needed specialty medical care through the years.

I testified in June of this year to this subcommittee about the nightmare navigating CHAMPVA has been for our family. Highlights of that nightmare include having to sign a \$110,000 promissory note to ensure a needed hospitalization occurred in the chance that CHAMPVA refused payment and being sent to collections when CHAMPVA claims payments did not occur in a timely manner, with one provider waiting over 27 months for payment. CHAMPVA's appropriate care has felt anything but appropriate.

I will not rehash my earlier testimony. I know the committee is interested in how the situation looks for CHAMPVA today, if changes have been made, and how those changes have been received since my last testimony.

I commend VA for finally clearing the CHAMPVA application backlog. It is beyond time to process applications in real time.

I was also overjoyed to hear that claims being submitted electronically are being paid quicker than previously. Yet even with that good news, the situation on the ground for CHAMPVA users remains murky. While the application backlog is cleared, only two families I know waiting on their decisions have received notifications of such to date.

Provider acceptance of CHAMPVA still remains a challenge. I had a medical complication this year which required me to travel over an hour for outpatient procedures as they were the nearest willing provider to file. I still pay out of pocket for my children's mental health providers as we have yet to find a provider who accepts CHAMPVA mental health for kids.

I know I am not alone. At Code of Support one of our most frequent requests is mental health supports for dependents. We have multiple national and regional providers we work with for those supports. Five take TRICARE and refuse to take CHAMPVA. To quote one, VA is too difficult to work with.

It is hard to place blame on the providers for declining CHAMPVA. Indeed, VA has made it difficult on providers filing claims and on users looking for providers. Lack of a provider network and published fee schedules, unclear claims filing processes, and varied claims payment times contribute to the difficulties. Appeals for denied coverage under CHAMPVA are difficult to navigate as well.

A CHAMPVA enrollee recently had her child's claim for an ambulance ride during an anaphylaxis event denied. It took us an hour of digging through claims denial letters, Explanation of Benefits (EOB), and Current Procedural Terminology (CPT) codes to understand what had happened. The denial was due to inaccurate

billing codes. While we do not believe the CHAMPVA enrollee will be charged for the ambulance ride, the denial letter listed three appellate structures, none of them the Clinical Appeal option listed on the CHAMPVA website. None of them offered an option for a third party review, something that was considered routine in today's world of denied insurance claims.

As they did in the Senate Veterans Affairs Committee on May 21, 2025, VA has argued in the past that CHAMPVA is not an insurance product, it is a medical service. I remain steadfast. The industry, the Federal Government, and, more often than not, VA itself treats CHAMPVA as an insurance product. If we choose to shop for insurance through Healthcare Marketplace, CHAMPVA enrollees are not eligible for financial assistance nor advanced premium tax credits.

Every year, CHAMPVA enrollees receive a 1095B attesting to the fact that CHAMPVA accounts for minimal essential coverage under the Affordable Care Act. Finally, even VA states that CHAMPVA is only available to caregivers in the VA's Program for Comprehensive Assistance to Family Caregivers when they have no other health insurance. Thus, CHAMPVA identifies itself as an insurance plan when it offers proof of coverage and bars use of its plans in the face of other coverage.

Indeed, the stance that CHAMPVA is not an insurance product is detrimental to veterans families. At Codes of Support I recently walked a disabled veteran through enrollment for his wife into CHAMPVA. Prior to reaching out to us, the veteran had purchased insurance for his dependent, causing a financial burden through the Healthcare Marketplace, not understanding that CHAMPVA provided ACA compliant coverage.

In short, CHAMPVA remains a complicated mess for users. While VA has announced positive steps to easing some of these known problems, CHAMPVA fixes are far from complete. CHAMPVA users need statutory change and regulatory clarity, mandated electronic claims filings, and claims—and clarity in claims appeals processes, including a third party review.

In VA's mission to fulfill President Lincoln's promise to care for those who have served for our Nation's military and for their families, caregivers, and survivors, CHAMPVA is failing. As a community we cannot continue to allow this egregious lapse of coverage for those who need it most.

I thank you for your time and I look forward to your questions.

[THE PREPARED STATEMENT OF CAIRA BENSON APPEARS IN THE APPENDIX]

Ms. MILLER-MEEKS. Thank you, Mrs. Benson.

I now recognize Mr. Zenner for his opening testimony for 5 minutes.

STATEMENT OF JAMES ZENNER

Mr. ZENNER. Chairwoman Miller-Meeks and Ranking Member Brownley, distinguished members of the committee, thank you for the opportunity to appear before you today on behalf of the National Association of County Veteran Service Officers. N-A-C-V-S-O or NAC-V-S-O represents the government-employed accredited

advocates who help veterans and their families access the benefits that they have earned.

First, I want to express our sincere appreciation to the CHAMPVA staff for their extraordinary progress in reducing the application backlog. We are hearing reports of applications being processed on average of 10 days and in some as few as 4. That is not simply an administrative improvement, it is timely access to healthcare for eligible dependents and we thank the teams responsible for this achievement.

Today I want to highlight several practical refinements that would increase accessibility and efficiency for CHAMPVA families and the Government Veteran Service Officers (GVSO) who serve them. Our first recommendation is modernizing the CHAMPVA application process. Right now, GVSOs cannot submit CHAMPVA applications electronically. They must print, complete, and then fax or mail them, which prevents confirmation of receipt, prevents tracking, and makes it difficult to provide updates to families.

Meanwhile, many dependents cannot use VA.gov. The digital submission workflow similar to the Veterans Benefits Administration's (VBA) National Work Queue would allow electronic submission, real-time status updates, and reduce burden on CHAMPVA staff. Additionally, expanding the VA Form 21-22 authority to include Veterans Health Administration (VHA) and CHAMPVA would allow accredited officers to communicate with CHAMPVA staff directly, speeding resolution of issues for families.

Our second recommendation is expanding provider awareness and participation. Across the country many community providers do not know what CHAMPVA is, who it covers, and how the billing works. Some confuse it with TRICARE or VA Community Care, and this creates avoidable access barriers. Targeted education campaigns, provider toolkits, inclusion and electronic billing systems, and partnerships with medical associations would meaningfully expand access for spouses, dependents, and caregivers.

Third, we recommend redesigning CHAMPVA identification cards. Providers frequently mistake the CHAMPVA card for the Community Care card and, in some cases, dependents have been turned away. A distinct and easily recognizable card would reduce confusion and improve the care experience.

Finally, we urge the committee to address the coverage gap for dependent students turning 18. Under current policy, CHAMPVA eligibility elapses until school enrollment is verified, a process that often takes 8 to 9 months. During this time, dependents incur medical costs out of pocket, claims are lost or forgotten, and families face unnecessary stress despite the fact that VBA has already determined the underlying eligibility. Provisional continued coverage, automated verification with schools, online certification at VA.gov and pre-verification notices would significantly reduce this burden.

CHAMPVA is a very strong program and recent progress demonstrates VA commitment to families of those who have served, but continued refinement is both necessary and achievable. Government Veterans Service Officers stand ready to assist VA and this committee in improving processes, expanding access, and ensuring that eligible family members receive timely, reliable health coverage.

Thank you for your leadership and thank you for the opportunity to testify today. I am happy to answer any questions. Thank you.

[THE PREPARED STATEMENT OF JAMES ZENNER APPEARS IN THE APPENDIX]

Ms. MILLER-MEEKS. Thank you very much, Mr. Zenner.

As is my typical practice, I will reserve my time until all of the members have had a chance to ask their questions.

I now recognize Ranking Member Brownley for 5 minutes for any questions she may have.

Ms. BROWNLEY. Thank you, Madame Chair.

My first question is to Ms. Llorente. Thank you for being here. We know based on Mrs. Benson's testimony that even despite VA's recent elimination of the application backlog, and that is a good first step, I want to acknowledge that, that is a good first step, but many families are still waiting to know the status of their applications and their school enrollment certifications. The only way for them, the way I understand it, is to check their status is to call the call center, the CHAMPVA call center. Do you know what the average wait time is to talk to someone on the other end of the call center?

Dr. LLORENTE. Yes, ma'am. Thank you. It can vary based on the time of day, the day of week. In some cases, it could be as little as 5 to 10 minutes. In other cases, it could be as long as several hours.

Ms. BROWNLEY. As long as how many?

Dr. LLORENTE. Several hours.

Ms. BROWNLEY. Several hours.

Dr. LLORENTE. Yes. We do have a callback feature that is part of the call center, but it is not acceptable.

Ms. BROWNLEY. Well, I know the committee staff called the service line four times and all four times there was a message saying that the wait time would be over 2 hours. Not 2 hours, but over 2 hours. Why—I mean, that seems like an easy problem to solve and I do not know why it is not being solved.

I mean, it is great to, you know, attack the backlog. That is great. If people cannot get finality to the situation, that is not great. This, you know, waiting more than 2 hours for folks can be pretty frustrating.

Dr. LLORENTE. Yes, ma'am, I agree with you. We are taking a series of steps in order to address the issue. I wish that it was an easy problem to solve because please be assured, if it was, it would have been solved.

Some of the various steps that we are in the process of taking are looking at our workflows, standardizing some of the workflows. We have also begun leveraging additional contractor support. We do have a contractor with whom we work that assists in surging and answering the call center.

A very important step that we are working on conducting is being able to do online status verification so that there would not even be a need for, for a phone call. The veteran and/or the beneficiary would be able to check online and be able to see the status of their application, the status of their claim. We are planning to be able to do that in 2026. Efforts are underway. These are some of the steps that we are taking.

Ms. BROWNLEY. Okay. Until that program happens, if somebody is waiting over 2 hours to talk to a live human being, their issue has not been resolved, then do they just have to say thank you very much and try next week and go through the same exercise, or do you prioritize that person and call them back with a resolution to what the issue is so that they do not have to continually go through this horrendous process?

Dr. LLORENTE. Yes, that is one of the features that are part of our call centers. We are able to call the veteran and/or the beneficiary back.

Ms. BROWNLEY. Okay. Mrs. Benson, so, again, thank you for being here. You have been quite helpful to us looking into this process, so really appreciate your time and focus on this.

In your testimony, you discussed how difficult it has been to find pediatricians and mental healthcare providers willing to accept the CHAMPVA payment. I know you talked about, you know, having a list of a network of providers, you know, that you can reference somehow. I do not think that that is going to happen overnight. We are still arguing with the VA whether this is an insurance policy or not. What are your suggestions? What do you think VA could do to encourage more providers into this program?

Mrs. BENSON. Thank you for the question and thank you for having me here again.

I think one of the first things that we need is provider education. Providers do not know they have to enroll in the Electronic Funds Transfer (EFT) system. Providers do not know that it runs on a Medicare-Medicaid background or backbone versus a TRICARE backbone. I have had to actually walk urgent carers through how to file and what system to file it on. That knowledge is going to be key in getting to providers to come on board.

What will also be key is providers knowing how much they are going to get paid. It is fine that there is an acceptable rate. Most providers I talk to know that it is somewhere within the Centers for Medicare and Medicaid Services (CMS) rates, but that it vacillates. For me, and I am a layperson, but looking back at it going, it is out of IVC, there is a Community Care Network (CCN), there are already contracts available, it is mindboggling to me that we cannot use a backbone that is already there.

Ms. BROWNLEY. Thank you. My time is up. I yield back.

Ms. MILLER-MEEKS. Thank you, Ranking Member Brownley.

I now recognize Representative King-Hinds for 5 minutes for any questions she may have.

Ms. KING-HINDS. Thank you, Chairwoman and Ranking Member Brownley. Before I begin, I want to say thank you to Secretary Collins and the VA team for making good on the promise to cut down the significant backlog of veteran claims. That progress matters not just in numbers, but in real lives, in real families, and in the trust veterans place in the organization. It shows what is possible when the VA focuses on outcomes instead of obstacles.

I am also very encouraged that you are finally moving to modernize CHAMPVA through the Provider Directory for families, especially in the territories. I am from the Commonwealth of the Northern Mariana Islands (CNMI). That is the district that I represent. Simply knowing which providers are available, which ones

accept CHAMPVA, and where they can turn to for care is very critical. It is long overdue and it is a positive step and I want to give a big ups and kudos to all of you.

Even with these improvements, the challenges remains very serious for my district. The U.S. Government Accountability Office (GAO) has been very clear. Veterans and their families in the CNMI and across the territories face some of the highest barriers to healthcare access anywhere in the United States. Those same structural gaps, too few providers, limited specialty care, long distance travel, and virtually no territory-specific data directly affects the families who rely on CHAMPVA.

For us, right, on paper CHAMPVA is available everywhere where the flag flies. In places like the CNMI or Guam, access can still feel more theoretical than real. I do not think that we can fix this issue if we cannot—if we do not know what to measure. Congress cannot hold the VA accountable without the data.

Today I hope that we can have a conversation about the gaps in data, right, so that these benefits on statute actually truly works for everyone, no matter which ZIP Code you live at.

My question then is how can the VA assure Congress that this program is functioning equitably if it does not track utilization, access wait times, or outcomes for territories? I looked, I scoured the Internet, I scoured the GAO reports, Inspector General (IG) reports, and I do not see any data with regards to this type of program for the territories.

Dr. LLORENTE. Yes, thank you very much for that question. You are right, to the best of my knowledge, we are not tracking wait times, we are not tracking specific outcomes for the beneficiaries that are in the program. We are able to look based on claims, how many claims are coming from what area. We have, I do not know the specific data, and we are happy to take it for the record to find out, you know, by territory, the number of at least claims that have been paid. That gives us a sense of the services that are being offered in that area.

I think that that is one of the reasons why we have come to appreciate that a Provider Directory is a very first step, but is a first step, so that we can begin to even assess the adequacy of the existing providers that we have. It will also help us to provide more targeted outreach so that if, for example, to Mrs. Benson's point, we see that there is an area that lacks a pediatrician that is a CHAMPVA provider, we will specifically reach out to all of the pediatricians in that geographic area and try to work with them, maybe work with a professional organization, for example, to encourage their participation in CHAMPVA. It is just an example of what we have been discussing internally as mechanisms to be able to address some of these problems.

Ms. KING-HINDS. Thank you. I appreciate that. You know, I do have some data here with regards to Fiscal Year 2023. What we are seeing in the CNMI is that we have 45 enrollees. We only have 15 users at a utilization rate of 33.3 percent, which is a drastic—there is a significant difference with regards to how the trends are across the United States in comparison to this utilization number. I just kind of wanted to get a better understanding of why you think that is and how we can make some reforms to be able to get

more people to be, one, aware of the program; two, know which care providers that they can go to so that they can have access to some of this care and, you know, have the data to be able to justify whatever infrastructure that need that is needed to be put into place in the territories.

Dr. LLORENTE. Yes, ma'am. What I would like to be able to do is first obtain the more recent data from Fiscal Year 2025. The data that you cited is in keeping with what we have seen. That is, overall, we have about 67 percent utilization of CHAMPVA services within our total group of enrollees. I would like to see if there has been any difference between the 2023 numbers that you cited and the 2025 currently.

Then, you are right, we need to dig into it and try to have a better understanding of why there are differences if, in fact, we find differences.

Ms. KING-HINDS. Thank you. I am out of time. Thank you.

Ms. MILLER-MEEKS. Thank you very much.

The chair now recognizes Representative Cherfilus-McCormick for 5 minutes for any questions she may have.

Ms. CHERFILUS-McCORMICK. Thank you, Madame Chair, and thank you, also, Ranking Member, for holding this important hearing.

You know, serving our veterans, and especially their families, is one of our primary responsibilities and promises. I am happy that we are looking at CHAMPVA, especially since it serves over 700,000 people in Florida. We are looking around my district, 60,000. We have had several questions to the families who are using CHAMPVA.

While CHAMPVA is not perfect, it provides a lifeline to so many families, and it must continue to be bolstered and strengthened to adequately serve those who need it the most. Over the past few years, I have heard from veterans and their families about their exposure to environmental toxins while living near the military installations. Whether it is Red Hill or Camp Lejeune, we have seen the devastating effects of toxic exposure on families, like cancer, infertility, and neurodivergent diseases. This is of concern for military families, and no military family should be left behind to fend for themselves.

Dr. Llorente, has your Department looked at expanding the scope of CHAMPVA to include military families who have been exposed to toxins?

Dr. LLORENTE. At this point in time, the eligibility criteria are in statute and we include or deem that a family member is eligible based on those existing criteria. Within the Veterans and Family Member Program, we do have certain outcomes-related additional programs, such as the Spina Bifida Program. We have the smaller Vietnam Veteran Women's whose children have certain disabilities. Then we also have the Camp Lejeune family Member program. Each of those is designed for very specific situations, very specific toxic exposures. Those are the programs that we currently have.

Ms. CHERFILUS-McCORMICK. Do you think there could be other avenues to provide coverage or do you think that CHAMPVA can solely handle it?

Dr. LLORENTE. Well, because I have described some very, very specific areas, they only cover those areas. We are more than happy to work with Congress in order to explore any other areas that, you know, could be assessed and reviewed in the future.

Ms. CHERFILUS-McCORMICK. I guess my question also is, because we are thinking about how many people are actually being exposed, are there other departments or other areas that we should look into in addition to CHAMPVA? I do not know if you would know that answer.

Dr. LLORENTE. I was just about to say I do not think that I am necessarily prepared to address that question today, but more than happy to take it for the record and reach out to some of our other program offices that I think are better suited to be able to address that question.

Ms. CHERFILUS-McCORMICK. Thank you. While I am optimistic about the future of CHAMPVA, I understand that the current program is not without its issues.

Mrs. Benson, I was deeply disturbed to hear that you had to put over \$110,000 promissory note and CHAMPVA refused to cover a medically necessary hospitalization. This is definitely unacceptable. No person, especially the spouse of a veteran who has served our country, should ever have to put a down payment just to see a doctor.

Dr. Llorente, how typical is this required for people to put down a down payment?

Dr. LLORENTE. Congresswoman, I have to be frank with you, I have not ever encountered this type of a situation before. I would like to separately reach out to Mrs. Benson to have a little more detail about the specific circumstances, not only to be able to address this specific issue, but to have a sense of, are there gaps that we are not addressing so that we can figure out what are the steps that need to be taken so it does not happen to other people.

Ms. CHERFILUS-McCORMICK. Is this the first time you are hearing of this kind of situation?

Dr. LLORENTE. It is the first time I am hearing of it, yes, ma'am.

Ms. CHERFILUS-McCORMICK. Okay. How would you feel if we had any kind of agreement or arrangement to actually track these situations and other outliers just so we can make sure that this is not happening and that there are other obstacles actually going forward?

Dr. LLORENTE. I would very much appreciate any similar types of situations or any other kinds of cases like this, specifically because it is our duty. As we have discussed, it is our duty not only to take care of the veterans and their families and caregivers, but to fix problems that need to be fixed.

Ms. CHERFILUS-McCORMICK. Thank you so much. I yield back.

Ms. MILLER-MEEKS. Thank you.

The chair now recognizes Dr. Dexter for 5 minutes for any questions she may have.

Ms. DEXTER. Thank you very much to Chairwoman Miller-Meeks and to Ranking Member Brownley for again having this very important hearing. Thank you to our witnesses for coming to testify today.

According to data from the Veterans Health Administrator's Office of Integrated Veteran Care, there are over 10,000 Oregonians enrolled in CHAMPVA. To those Oregonians, we have made a solemn promise, as we have been discussing, that in return for the immense sacrifices their family members have made, we will ensure they get access to healthcare services they need. However, as Mrs. Benson has shared in her testimony, we continue to fall short on delivering on that promise.

When a family member who is owed a care through the VA is sick, the last thing in the world that they should be doing is fighting through red tape to be seen. They most certainly should not be signing promissory notes, agreeing to pay hundreds of thousands of dollars for care in case the VA payment falls through.

As the number of CHAMPVA beneficiaries continue to grow with the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act implementation, and if more families are forced to turn to this coverage because Congress is unable to implement a fix to the ACA premium tax credit enhancement being taken away, we must be focused on getting this system to work better for families.

Dr. Llorente, sorry, in your testimony, I was pleased to see discussion of the need to address the dearth of information about where CHAMPVA beneficiaries can seek care. As I understand it, under the current system, beneficiaries have to individually contact providers, and we have discussed that. It is obviously frustrating and it needs updating.

It strikes me that one solution to the dearth of option available to CHAMPVA beneficiaries would be to require community care network providers to accept CHAMPVA payments. This would also have the benefit of meaning VA would only have to maintain a single Provider Directory. Can you comment on any statutory or regulatory hurdles that would need to be overcome to consider this as an option?

Dr. LLORENTE. I appreciate that question. I do not know the answer to that question. Let me check for a moment with Mr. Fennell to see if, you know, he has some recognition or knowledge to be able to address it.

Ms. DEXTER. I think it is an unfair thing to ask on the fly for you to put testimony before a congressional hearing, so I will just ask that we do—and we ask for many questions to be responded to, and often we do not get them. If I can just assure myself that you will get back to me, that is totally appropriate.

Dr. LLORENTE. Absolutely.

Ms. DEXTER. Thank you.

Dr. LLORENTE. Yes.

Ms. DEXTER. As this committee continues to discuss and conduct necessary oversight of this program, Dr. Llorente, can you share the date on which the number of backlogged applications peaked and the number of pending applications on that date, like the high point when we had the worst backlog?

Dr. LLORENTE. Yes, ma'am. It was approximately in May of this year, 2025.

Ms. DEXTER. Okay, thank you. Can you share the percentage of applications that were approved versus denied in 2025 as approved compared to the same period in the prior fiscal year?

Dr. LLORENTE. I do not know the percent approved in Fiscal Year 2024. I do know that in Fiscal Year 2025, approximately 80 percent of the applications are approved.

Ms. DEXTER. Okay, thank you. I have heard that VA, to clear this backlog, they have set up a separate key for—queue, sorry, for beneficiaries that have another form of insurance with an unreported backlog. How many applications are in this queue awaiting a determination from VA?

Dr. LLORENTE. I am going to ask Mr. Fennell to address that question, if you do not mind.

Ms. DEXTER. No. Please, Mr. Fennell.

Mr. FENNELL. Yes, thank you for the question. Currently, we are now processing and have the ability to process OHI with the application. That is a process improvement that we have included in order to expedite both of the processing of OHI, other health insurance, and the CHAMPVA application.

Right now we are applying automation to those OHI documents that are separate and we are able to automate the processing of a grand majority of those. We had a height of around 300,000 when we initiated the queue that you referenced. I think now we are in real time, meaning we were processing those as quickly as we are the applications themselves. I want to say we might have around 20,000 remaining to process. Again, in applying this process and automated solutions, that is real time, meaning over the next week those will be processed.

Ms. DEXTER. If I may, to follow up on that, so 300,000 almost immediately. I am assuming these automated tools are Artificial Intelligence (AI)-generated. Is there a quality control making sure that the right determinations are happening for CHAMPVA?

Mr. FENNELL. There are. The quality control measures, are the business rules that are up front that we apply. Some of that may not necessarily be AI as much as just a business rule that follows statutory and regulatory guidelines.

Ms. DEXTER. Okay, thank you. I am over time. Yield.

Ms. MILLER-MEEKS. Thank you very much.

The chair now recognizes Dr. Conaway for 5 minutes for any questions he may have.

Mr. CONAWAY. Thank you, Chairwoman Miller-Meeks and Ranking Member Brownley, for putting this hearing together so that we can conduct a much needed oversight on this very important program.

As of November 2025, CHAMPVA is providing healthcare coverage to more than 1 million beneficiaries. At a time when healthcare prices are increasing and the expiration of the Affordable Care Act is looming, we must strengthen this healthcare program for independents and survivors of veterans.

In my State of New Jersey, premiums are projected to increase by 174 percent. The average annual premium cost could jump almost \$2,800 on average. For some, it could mean that costs will go up by tens of thousands. This is unacceptable. I encourage my colleagues to find a solution to this looming cliff that so many Ameri-

cans are facing, will face with respect to their healthcare if a solution is not found to the problem of the expiration of the premium tax credits.

I am curious to know, Ms. Llorente, do you anticipate that the expiration of the ACA tax credits will impact enrollment for CHAMPVA?

Dr. LLORENTE. Thank you very much. I appreciate that question, and I truly do not know the answer. We still would need the veteran sponsor to meet the eligibility criteria. That becomes, you know, sort of the first thing that has to occur. I simply do not know how many spouses or dependents of veterans that are 100 percent service-connected, permanent, and total, are currently receiving ACA benefits.

Mr. CONAWAY. Are you conducting any planning in anticipation of the some 20 million people who are going to lose these tax credits? Are you doing any anticipatory planning to prepare for a potential influx of new applications as the people can no longer afford their health insurance benefit or health insurance under the ACA?

Dr. LLORENTE. Our primary planning, and we do work very closely with projections and enrollment and as well as with VHA Fiscal, has been looking at the increasing numbers year over year of beneficiaries who have been enrolling in CHAMPVA. For many years that figure was pretty steady, about 5 to 8 percent year-over-year growth. Then PACT Act was enacted. That growth went to about 13 to 14 percent. During the past year, we have seen almost a 22 to 23 percent increase. That in and of itself we are and have been tracking very, very closely.

We are engaging in projections so that we assure that we have sufficient budget currently and in future years to address the healthcare needs based on past expenditures with adjustments for those increases. Have we factored in impact from ACA specifically? No, sir, at this point we have not.

Mr. CONAWAY. Do you know then how many of your enrollees also have insurance under the ACA? Do you have that number?

Dr. LLORENTE. I do not. Let me check with Mr. Fennell. Do you know?

Mr. FENNELL. Thank you, sir, for the question. I do not know the answer to that question, but I am apprised of the eligibility criteria and I do not see a situation where that changes with the ACA tax credit, which is permanently and totally disabled.

Mr. CONAWAY. Just reclaim my time because I am running out of time.

Mr. FENNELL. Oh, sorry, sir.

Mr. CONAWAY. I just want to get to this question of the lack of providers in particular markets and what is being done about that. Now, typically, I mean, as one who ran a practice years ago, you know, you sort of have to determine—when you determine to bring on an insurance policy, how much does it pay? Is it worth my time compared to the other insurances that I accept covering, you know, people who can come to the office?

Is one problem that the CHAMPVA is not paying enough? Two, that it is perhaps too difficult for people to enroll in CHAMPVA? Have you looked into that and how are you addressing those fac-

tors which I am sure are impacting the number of physicians who are accepting CHAMPVA patients?

Mr. FENNELL. Yes sir, thank you, and happy to answer that question. We are required by law to pay like or similar to TRICARE. That is actually those are the payment methodologies that are loaded into our system, our TRICARE methodologies. The other aspect to this is we are normally a secondary payer benefit. If they have Medicare or they have other health insurance, that is going to be billed first and I would imagine that would be a primary concern to the treating physician. If it does get to a secondary payment, we would pay like or similar to TRICARE.

Ms. MILLER-MEEKS. Thank you very much, Dr. Conaway.

I now recognize myself for 5 minutes.

If I can, I am just going to have a point of clarification. Certainly myself and members of my party and members of this committee want to make sure that healthcare costs are brought down for everyone, not just a select few that may be on enhanced premium tax credits. The premium tax credits under the ACA are not expiring, only the enhanced premium tax credits are expiring. I thought I would put forth that clarification since this is entered into the record.

Additionally, we do not force providers to accept Medicaid. We do not force providers to accept TRICARE. Being a provider and a veteran, it seems to me that forcing providers to accept CHAMPVA who are in the community, would that be considered indentured servitude? I will pose that question to Dr. Llorente and you can submit an answer in writing.

Thank you for that. Just making those points valid that we look at the constitutional nature of what it is that we may require of someone to do.

Dr. Llorente, what is the industry standard for the amount of time to process claims, both paper and electronic? Then how does the VA compare, if you have that information?

Dr. LLORENTE. Thank you, Chairwoman. I do not know the answer to that question, but happy to take it for the record and then provide the comparative numbers.

Ms. MILLER-MEEKS. Then I applaud the efforts at getting through the backlog and applying more technology to improving backlog and also your efforts in trying to keep family members and providers up to date on the status of their claims. To that end, is the VA using artificial intelligence or augmented intelligence to improve both applications, the claims process or status, and updates for that? If so, how and, if not, why?

Dr. LLORENTE. Thank you very much for that question. I am going to ask Mr. Fennell to address that because he has way more technical savvy than I do.

Mr. FENNELL. Thank you for the opportunity to answer that question. It began, as I answered before, with just with business rules and loading those into the system to make automated decisions. When it comes to artificial intelligence, which brings in an additional capability, we are starting to apply some of the those capabilities when it comes to these newer modernized platforms that we are moving into for processing both claims and eligibility applications.

Ms. MILLER-MEEKS. Mrs. Benson, I think that you have answered this question in your testimony, but I just want to reiterate it. Would it help to have a Provider Directory for families and caregivers? If so, are you supportive of Representative Kiggans' legislation?

Ms. BENSON. Thank you for the question. I am not familiar with the legislation, but I can say it would be helpful to have both a contracted network and a Provider Directory. Yes. Thank you.

Ms. MILLER-MEEKS. Great. Thank you. I yield back.

I want to thank all our witnesses for being here. I am going to recognize Ms. Brownley for any closing remarks you may have. Oh, oh, my apologies. We have another member snuck in.

The chair now recognizes Representative Kiggans for 5 minutes for any testimony she may have.

Ms. KIGGANS. Thank you, Madame Chair, for having me here today to discuss the Civilian Health and Medical Program of the Department of Veteran Affairs, or CHAMPVA, and to highlight how Congress can improve this program for our veteran caregivers and dependents.

I represent Hampton Roads, Virginia, which is home to thousands of veteran families who use the CHAMPVA system to support our Nation's veterans and to access their veteran healthcare. Caregiving requires tremendous sacrifice, but access to quality healthcare should not be one of them.

CHAMPVA is a vital program for the caregivers and dependents of permanently disabled veterans. It ensures they can continue to support the veteran in their lives and still receive the healthcare services they require. However, it can be difficult for caregivers and dependents to find providers in their community that accept CHAMPVA. On most occasions, caregivers have to do their own research and find specific providers that will take their coverage.

To rectify this situation, I introduced the Clarity on Care Options Act, which directs the VA's Community Care Network to create a public-facing list of all providers who are in network for CHAMPVA enrollees. We must make this provider information accessible to caregivers and dependents of disabled veterans. The easier we make finding healthcare for our caregivers, the more time they can spend with their loved ones.

I want to thank our witnesses for taking the time to educate us about the gaps we see in this program and what we can do to help increase support to those who support our men and women who served our country. With that, I have another few questions for our witnesses if there is time.

When it comes to finding providers that accept CHAMPVA, how has your experience, and this is for Mrs. Benson, how has your experience been? Is there any difficulty locating specialty healthcare providers who accept CHAMPVA?

Mrs. BENSON. Thank you for the question. Yes, there is a terrible issue. Back to the hospitalization I mentioned, I had a daughter who needed specialty care. I called 26 hospitals across the Nation, only 1 would take her. Even today I pay out of pocket. No mental healthcare provider, and I am in Florida between very two large metropolises, accepts CHAMPVA for teens. Even for myself, if it is not hospitalization, which is mandated to file, only one major net-

work takes it. We end up paying most of our care out of pocket, above and beyond CHAMPVA and cash.

Ms. KIGGANS. Thank you. Mr. Zenner, from your perspective, what barriers do you often see beneficiaries of CHAMPVA face when it comes to accessing their benefits?

Mr. ZENNER. Yes, thank you for the question. Very similar: lack of education of providers, confusion with the CHAMPVA card itself are two of the biggest barriers that we currently see as County Veteran Service Officers.

Ms. KIGGANS. Would a directory or a list of providers of sorts be beneficial then?

Mr. ZENNER. Yes, ma'am.

Ms. KIGGANS. In these cases for sure.

Mr. ZENNER. Yes, ma'am.

Ms. KIGGANS. Then for Dr. Llorente, many caregivers report learning about CHAMPVA only years after becoming eligible, in most cases, as the program is currently. How do veteran dependents find out about CHAMPVA?

Dr. LLORENTE. Yes, thank you very much for that question. There are a couple of different ways. One is that part of the changes that have occurred in VBA when the veteran becomes permanent and total 100 percent, part of the packet that they receive describing the rating includes information about CHAMPVA for their dependents and how to enroll in the program.

A second way is the CHAMPVA program itself does do direct outreach to potentially eligible beneficiaries, advising them of the program and how to apply for it. We are continuing to also engage in additional outreach efforts because one of the things that we have discussed internally is that we could certainly be doing a better job of putting promoting this benefit.

Ms. KIGGANS. Specifically, how is the VA improving the CHAMPVA's phone and customer service operations given reports of long wait times and inconsistent information.

Dr. LLORENTE. We have engaged in a series of steps toward that. One is we have increased contractor support that can be specifically surged during peak times.

In addition to that, we are working on implementing some new telephony systems so that it will begin to offer more in the way of self-service, so that those issues that can be addressed via self-service are addressed. Then it moves those clients, those persons that need agent-assisted calls, it sort of, you know, separates out the ones that can be handled via self-service.

In addition to that, we are looking at our workflows, streamlining some of those, being able to standardize some of the workflows as well, because there are things that we have identified that are being done, you know, with too much variance, and that is also then leading to some of the delays. Just a few examples.

Ms. KIGGANS. Yes. Great. Thank you for working on that. Last question, as the VA can—no, I am sorry. Maybe I will save it for later.

Thank you. I yield back.

Ms. MILLER-MEEKS. Just to know that I am fair to everyone in the hearing room. Thank you. Your time has expired. The gentlewoman yields back.

I now recognize Ranking Member Brownley for any closing statements you may have.

Ms. BROWNLEY. Well, I would just say, Madame Chair, I thank you for having this hearing. I think it is—we need to get the VA back to briefing staff so we can keep updating on, you know, what progress is being made. That is the frustration. We do not have a plan in front of us. We do not have a timeline in front of us. There is no way for us to do the oversight that we really need to do.

This is an important program that we need to get right. I think we are all clear on where the problems lie and what needs to be done. It is just—it is a matter of doing it. If the Secretary was willing to hire more people or give people more overtime to deal with the backlog, we need to do the same to all these other problematic areas to get them, you know, up to speed and running.

I honestly believe that if we accept the fact that CHAMPVA is more like an insurance plan than a medical care benefit, you will see directly what needs to be done and how to do it if you just follow the model of what insurance plans do, including a directory of providers, whatever. You know, we need to have the oversight. I hope we can have another hearing to do our due diligence as we move forward.

I thank you all for being here. Mrs. Benson, thank you for being here. Thank you for all the help that you do for so many other veterans who need your help, veterans, their families, and caregivers who need your help and support.

I yield.

Ms. MILLER-MEEKS. Well, certainly it is an important hearing. I appreciate, Dr. Llorente, what you and the office has done to improve the backlog. Then your continued work on keeping family members and caregivers, trying to improve the knowledge of where their claims are. Then the other efforts that we need to take on provider education, as Mrs. Benson and Mr. Zenner had said, how to file claims and how much they are paid so that we can get providers into this very important program to make sure that both family members, spouses, and caregivers are aware and have access to the benefits that those veterans have earned for them.

I would like to take this time to thank everyone for their participation. Thank you so much for your patience and I do apologize. Although it was out of my hands, I still feel it is necessary to apologize for the inconvenience to you all and to those who wanted to participate in today's hearing. I appreciate the discussions we have had on this important topic and we will continue to have oversight.

The complete written statement of today's witnesses will be entered into the hearing record.

I ask unanimous consent that all members have 5 legislative days to revise and extend their remarks and include extraneous material. Hearing no objections, so ordered.

I thank the members and the witnesses for their attendance and participation today. This hearing is now adjourned.

[Whereupon, at 4:44 p.m., the subcommittee was adjourned.]

A P P E N D I X

PREPARED STATEMENTS OF WITNESSES

Prepared Statement of Maria Llorente

Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished Members of the Subcommittee. Thank you for the opportunity to testify today about the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), a vital program that provides health care coverage to eligible spouses, children, survivors, and caregivers of qualifying Veterans.

Joining me today is Mr. David Fennell. He is the Director of Veteran and Family Member Programs in the Office of Integrated Veteran Care.

CHAMPVA plays a critical role in supporting the families of Veterans who have made profound sacrifices in service to our Nation. My testimony today will provide an overview of the program's eligibility criteria, current operations, recent improvements, and opportunities for continued collaboration with Congress to ensure timely, efficient, equitable access to care.

Authorized under the United States Code, Title 38 Section 1781, CHAMPVA provides health care coverage to eligible spouses, surviving spouses, and children of Veterans who are permanently and totally disabled due to a service-connected disability, who died as a result of a service-connected condition(s), or who died while rated permanently and totally disabled from a service-connected condition(s). It also covers certain survivors of persons who died in the line of duty and certain Primary Family Caregivers under the Program of Comprehensive Assistance for Family Caregivers. To be eligible for CHAMPVA, the individual cannot be eligible for TRICARE.

As of November 2025, CHAMPVA provides health care coverage to more than one million beneficiaries. The program receives approximately 4,000 new applications per week. More than 90 percent of medical and pharmacy claims are processed electronically within days of receipt, ensuring timely reimbursement and continuity of care.

Under the leadership of Secretary Douglas A. Collins and thanks to recent reforms, the application backlog—previously exceeding 70,000 cases—has been eliminated. New applications are now processed in a matter of days. The appeals backlog has also been reduced from over 20,000 to approximately 1,000, with continued progress underway. These improvements reflect the Department of Veterans Affairs' (VA) commitment to Veteran-first service delivery, accountability, and efficiency.

Under the last Administration, CHAMPVA faced significant delays in application and appeals processing due to increased demand, staffing constraints, and reliance on legacy manual systems. Some applicants waited over 150 days for determinations. Under Secretary Collins' leadership, VA implemented a two-pronged strategy: authorizing overtime for application processors and introducing enhanced process engineering and new automation to streamline workflows. These actions have assured timely access to benefits for eligible CHAMPVA beneficiaries.

VA is modernizing CHAMPVA operations to reduce bureaucracy and improve the user experience. In December 2025, we will complete the transition to a more automated application processing system, increasing efficiency and reducing manual workload. These efforts align with VA's broader digital transformation strategy and support the Department's goals of transparency, reduced administrative burden, and improved outcomes for Veterans' and VA beneficiaries.

Access to accurate provider information is another area of focus. Although CHAMPVA beneficiaries may see any provider who accepts CHAMPVA's allowable rates, VA acknowledges that beneficiaries may experience difficulty identifying participating providers or confirming whether a provider is accepting new patients. We are working to improve how provider information is presented and maintained, including updating publicly available guidance and strengthening communication with providers who bill CHAMPVA.

We appreciate the continued interest in strengthening CHAMPVA. Over the last few months, VA has made significant strides in eliminating backlogs, modernizing

systems, and improving access. We remain focused on delivering timely, high-quality service to those who have sacrificed so much.

Conclusion

This concludes my statement. We look forward to responding to any questions that you may have.

Prepared Statement of Caira Benson

Chairman Miller-Meeks, Ranking Member Brownley, and Members of the House Veterans' Affairs Subcommittee on Health, thank you for inviting me to testify today. It is my honor to return to further the discussion on the inefficiencies and inequalities within the Department of Veterans Affairs' (VA) Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).

At the Code of Support Foundation (COSF), we work with veterans and their families every day. Our digital resource hub, PATRIOTlink, has served over 67,000 military community members to find needed supports for active duty servicemembers, veterans, caregivers, family members, and survivors. Every day our case management team works to connect active duty servicemembers, veterans, caregivers, family members, and survivors to local, regional, national, and government partners to achieve needed financial, social, physical health, and mental health supports to achieve stability. At COSF, we are in the records daily and in-tune with the needs of the military community.

But I am not just here as an employee of a veterans' non-profit. I am here as a caregiver, advocate, and a CHAMPVA user. I care for my husband who deployed twice to Iraq as a combat engineer between 2003–2006. My husband suffered multiple Traumatic Brain Injuries (TBIs) during his years in service; however, it would take until 2018 to formally diagnose those TBIs, despite a clear record of evidence. It would take another year to figure out his case was complicated by toxic encephalopathic process, most likely due to chemical exposures. Today, Eric is unable to work, needs full-time care, and is seen by a university neurological team due to the complexity of his case.

My five children and I enrolled in CHAMPVA in 2017 when my husband was awarded Permanent and Total status for his service-connected injuries. We breathed a sigh of relief knowing that we would have the safety net of health insurance for myself and our children, three of whom have needed specialty medical care through the years.

I testified in June of this year to this subcommittee about the nightmare navigating CHAMPVA has been for our family. Highlights of that nightmare include having to sign a \$110,000 promissory note to ensure a needed hospitalization occurred in the chance that CHAMPVA refused payment, putting needed medical care on hold while waiting 6 months for preauthorization, being sent to collections when CHAMPVA claim payments didn't occur in a timely manner with one provider waiting over 27 months to receive payment for services. CHAMPVA's "appropriate care" has felt anything but appropriate. Indeed, I still find our family's health needs are in arrears because we hesitate to use the complicated system which many in my area will not file.

I will not rehash my testimony given in June of this year – I know the committee is interested in how the situation looks for CHAMPVA users today, if the changes have been made, and how those changes have been received since my last testimony.

I commend VA for finally clearing the CHAMPVA application backlog. It is beyond time to process applications in real time. I also was overjoyed to hear that claims being submitted electronically are being paid quicker than previously.

Yet, even with that good news, the situation on the ground for CHAMPVA users remains murky. While the application backlog is cleared, only two families I knew waiting on their decisions have received notifications of such to date.

Provider acceptance of CHAMPVA still remains a challenge. As a user myself, I had a medical complication this year which required me to travel over an hour for out-patient procedures as they were the nearest provider willing to file.

Even living in last year's fastest-growing county in the Nation, I still cannot find a pediatrician who will file CHAMPVA for primary pediatric care for my children. I still pay out-of-pocket for my children's mental health providers as we have yet to find a provider who accepts CHAMPVA.

I know I am not alone. At COSF, one of our most frequent requests is mental health supports for dependents. We have multiple national and regional providers we work with to provide such supports for our clients. Five of these take TRICARE and refuse to take CHAMPVA. To quote one, “VA is too difficult to work with.”

I feel those words deeply. Indeed, the difficulty of the process has made me personally stop filing for reimbursement. It is one more bureaucratic fight that caregivers like me do not need.

It is hard to place blame on providers for declining to accept and file CHAMPVA. Indeed, VA has made it difficult on providers filing claims and on users looking for providers. There is no known provider network or contracts outside of CHAMPVA's pharmacy component run by OptumRX.

I have talked to multiple providers who tell me there is no published fee schedule. While there is a “CHAMPVA acceptable pay rate,” most providers do not know what that is until they are paid or until the patient receives their Explanation of Benefits (EOB). Most providers tell me they understand the acceptable rate is based on Centers for Medicaid & Medicare Services (CMS) rates, however pay can vacillate lower than the Medicare rate. By agreeing to file the claim, providers are barred from recouping any difference between the expected and paid rates.

Claims filing is messy, at best, with many providers still filing via paper claims through either the local VA Medical Center (VAMC) or CHAMPVA mail-in centers, depending on what current local advice is. Several providers I spoke to were unaware of the ability to file claims electronically.

Claim payment times are not guaranteed. Some claims are paid in weeks; some claims are paid in years. Payments for claims are delayed by filing codes that are, unbeknownst to the filer, not accepted by CHAMPVA causing denials, and requiring refiling. Delayed payment means that I routinely talk to CHAMPVA users who have their accounts sent to collections by providers due to the length of time between claim filing and claim payment. Indeed, I had two such discussions just last week.

I recently learned that VA now offers an app where family members can look up CPT codes to ensure services are covered. And I ask this – why am I, as a caregiver and dependent, required to do what every other insurance agency does through yearly contract updates to their provider network?

As they did in the Senate Veterans' Affairs Committee on May 21, 2025, VA has argued in the past that CHAMPVA is not an insurance product, it is a medical service. I remain steadfast—the industry, the Federal Government, and, more often than not, the VA treats CHAMPVA as an insurance product. For instance, like those covered by Medicaid, Medicare, or TRICARE, CHAMPVA enrollees may not take part in the drug cost reduction programs offered to patients on fixed or low incomes. If we choose to shop for insurance through the Health Care Marketplace, CHAMPVA enrollees are not eligible for either financial assistance nor advance premium tax credits. Every year, CHAMPVA enrollees receive a 1095-B attesting to the fact that CHAMPVA counts as minimum essential coverage under the Affordable Care Act. Finally, even VA states that CHAMPVA is only available to caregivers enrolled in VA's Program for Comprehensive Assistance for Family Caregivers (PCAFC) when they have no other health insurance. Thus, CHAMPVA identifies itself as an insurance plan when it offers proof of coverage and bars use of its plans in the face of other coverage.

CHAMPVA provides EOBs, approves and denies diagnostic codes, approves and denies medical treatment codes, and remits payment for enrollees to providers for approved services rendered by the medical community. CHAMPVA even has out-of-pocket maximums, deductibles, copays, and a medication formulary with tiered pricing. With the exception of the difficulty of use, CHAMPVA feels like every other insurance product I have ever received through an employer.

Indeed, the stance that CHAMPVA is not an insurance product is detrimental to veterans' families. At COSF, I recently walked a Permanent and Totally disabled veteran through enrollment for his wife into CHAMPVA. Prior to reaching out to us, this veteran had purchased insurance for his dependent through the Healthcare Marketplace, not understanding that CHAMPVA provided Patient Protection and Affordable Care Act, or ACA, complaint coverage.

I am positive we will hear today from VA that CHAMPVA is equivalent to TRICARE. Except, we users know it is not. TRICARE has contracted rates and a published fee schedule. TRICARE has mandated electronic filing and a clear appeals system. Treatments we know are covered under TRICARE are not always covered under CHAMPVA. Some other major differences:

- TRICARE offers TRICARE Young Adult allowing for coverage for dependents 18–21 (23 if in college). CHAMPVA coverage ends on the dependents 18th birthday unless enrolled in school.

- TRICARE offers coverage for stepchildren until the marriage ends in divorce. CHAMPVA's stepchild coverage ends at 18 or when the child leaves the domicile, meaning a stepchild who changes their address to go to college could be dropped.
- TRICARE retirees may choose Federal Employees Dental and Vision Insurance Program (FEDVIP) which provides orthodontia coverage for dependents. CHAMPVA enrollees may only choose VA Dental Insurance Program (VADIP), where orthodontia was cut from the leading plan this year (DeltaDental).

Appeals for denied coverage under CHAMPVA are difficult to navigate as well. I recently had a caregiver call me because her child's recent claim for an ambulance ride during an anaphylaxis event was denied by CHAMPVA. It took over an hour of digging claims denial letters, EOBs, and CPT codes to understand what had happened – the denial was due to an inaccurate billing code which was billed under both an individual code and a packaged CMS code. CHAMPVA had paid the packaged code but denied the individual code, and we do not believe the CHAMPVA enrollee will be charged for the ambulance ride.

The denial letters listed three appellate structures: a supplemental claim or higher-level review through the Veteran Family Member Program (VFMP) appeals office or an appeal to the Board of Veterans' Appeals. Yet, the CHAMPVA website states there is a clinical appeal option that was not mentioned in the denial letter. How does a CHAMPVA user without extensive knowledge understand the next steps to appeal a denied claim? What was also glaringly missing? Something considered routine in today's world of denied insurance claims – an option for a third-party review for denied services.

In short, CHAMPVA remains a complicated mess for users. The historically large gap between enrollees and users validates this difficulty. In the 2024 congressional report, Health Care for Dependents and Survivors of Veterans (RS22483), the gap is evidenced across the decades with 2024 having over 700,000 enrollees but only 488,000 users.

While VA has announced positive steps to easing some of the known CHAMPVA problems, CHAMPVA fixes are far from complete.

CHAMPVA users need:

- Statutory change to bring parity to stepchildren;
- Statutory clarity to allow for a contracted provider network with clear, contracted CPT codes and published fees, similar to the modernization of CHAMPUS to TRICARE;
- Regulatory updates establishing a provider network with clear, contracted CPT codes and published fees;
- Mandated electronic claims filing; and
- Clarity in claims appeals processes, including a third-party review.

We also need you as a subcommittee to remember who receives CHAMPVA eligibility – TRICARE ineligible dependents of permanently and totally disabled veterans, survivors of those same veterans, and those enrolled in PCAFC with no other health insurance. In other words, our most vulnerable community members.

In VA's mission, "To fulfill President Lincoln's promise to care for those who have served in our Nation's military and for their families, caregivers, and survivors," CHAMPVA is failing. As a community, we cannot continue to allow this egregious lapse of coverage for those who need it most.

We at COSF stand ready to work alongside VA and this Committee to help modernize CHAMPVA. I thank you for your time and attention, and I look forward to your questions.

Prepared Statement of James Zenner

Chairman Bost, Ranking Member Takano, and distinguished members of the Committee, on behalf of the National Association of County Veteran Service Officers (NACVSO), we thank you for the opportunity to provide written testimony for the record. We value this Committee's steadfast commitment to improving the benefits, services, and systems that directly impact veterans and their families across the Nation.

To begin, NACVSO would like to extend sincere appreciation to the staff at the CHAMPVA offices for their extraordinary work in reducing the application backlog.

We are hearing consistent reports from our members that CHAMPVA applications are now averaging close to 10 days for initial processing, with some cases moving in as few as four. This progress is not merely administrative—it is lifesaving. It means eligible dependents gain timely access to health care coverage without enduring prolonged periods of uncertainty. These teams deserve real credit for this achievement.

Our testimony today is offered with respect for our partners at CHAMPVA and with a shared goal: to identify practical refinements that would increase accessibility, transparency, and efficiency for eligible family members and for the Government Veteran Service Officers (GVSOs) who serve them.

1. Modernizing CHAMPVA Applications by Enabling Digital Submission

As previously mentioned, NACVSO represents government-employed veteran service officers across the country. As accredited representatives, these officers act as the primary navigators for veterans and their families who rely on them to access the benefits they have earned. Yet, when assisting dependents with CHAMPVA applications, these advocates face a significant barrier: there is currently no mechanism for GVSOs to submit CHAMPVA applications electronically.

To help a dependent apply, a GVSO must print out the application, complete it by hand with the applicant, and then fax or mail it to the CHAMPVA office. This process prevents accredited representatives from:

- receiving a digital confirmation of submission,
- tracking the application's progress, and
- providing timely updates when a dependent calls for assistance.

Meanwhile, veterans eligible for VA.gov have access to online submission portals—but many dependents do not, as they lack a VA.gov profile and therefore cannot fully engage in self-service options.

CHAMPVA applications are ready for modernization. NACVSO recommends the development of a digital submission workflow, modeled after the Veterans Benefits Administration's successful National Work Queue rollout. A similar system for CHAMPVA would:

- generate submission confirmations for applicants and accredited reps,
- show real-time status updates (e.g., “received,” “in review,” “decision made”),
- reduce administrative burden on CHAMPVA staff, and
- increase trust and transparency for families.

A viable path forward may include enabling eligible survivors and dependents to obtain VA.gov access specifically for benefits and CHAMPVA-related documentation.

In parallel, expanding **VA Form 21-22 authority**—which formalizes representation between claimants and accredited organizations—to include the Veterans Health Administration and its subordinate entities (including CHAMPVA offices) would allow NACVSO's accredited officers to communicate directly with CHAMPVA staff. This would reduce delays, minimize errors, and empower GVSOs to resolve issues on behalf of families more efficiently.

2. Increasing Provider Awareness and Participation

A persistent challenge reported nationwide is the lack of understanding among community healthcare providers about what CHAMPVA is, who it covers, and how reimbursement works. Many providers have never encountered CHAMPVA before; some conflate it with TRICARE or with VA Community Care. This lack of knowledge discourages provider participation and creates avoidable access-to-care barriers for spouses and dependents.

NACVSO recommendations to expand provider awareness include:

- Targeted campaigns to large provider networks, hospital systems, and independent practices explaining CHAMPVA coverage and billing processes.
- Provider-focused training materials, such as webinars or downloadable toolkits, distributed through VA's Office of Community Care and regional CHAMPVA liaisons.
- Inclusion in electronic health record (EHR) billing libraries, ensuring CHAMPVA appears as an easily selectable insurer.
- Partnerships with professional associations to disseminate CHAMPVA guidance, if not already active.

These efforts would immediately expand access for eligible dependents by reducing confusion at the point of service.

3. Redesigning CHAMPVA Identification Cards

Community providers frequently confuse the CHAMPVA identification card with the VA Community Care card, resulting in some instances where a dependent is turned away for care. This confusion burdens families and forces repeated follow-up with CHAMPVA and GVSOs.

NACVSO recommends that VA explore restyling CHAMPVA eligibility cards to create a distinct, easily recognizable format. Clear differentiation—both visually and textually—would minimize confusion and support smoother interactions with community providers nationwide.

4. Addressing the CHAMPVA Coverage Gap for Dependent Students

A particular issue arises during the transition period when a dependent turns 18. Under current policy, CHAMPVA eligibility lapses unless the dependent is enrolled full-time in school and provides verification to CHAMPVA. Unfortunately, the processing time for this school enrollment certification often stretches eight to 9 months, creating a substantial coverage gap.

During this period:

- dependents incur medical expenses out of pocket,
- families must attempt reimbursement long after the care has occurred,
- claims may be forgotten or lost, and
- dependents undergo administrative burdens during what ought be a routine eligibility continuation.

This gap is perplexing given that VBA has already determined eligibility for the underlying veteran benefit that establishes Dependent's Education Assistance and CHAMPVA access. NACVSO recommends a few potential mitigation strategies such as:

- Provisional Continuation of Coverage:
 - Allow dependents to maintain uninterrupted CHAMPVA coverage for a defined period (e.g., 6 months).
- Direct Data Exchange with Educational Institutions:
 - Establish an automated system where schools can provide enrollment verification directly to CHAMPVA, similar existing VA education certification offices.
- Online Certification at VA.gov for Dependent Students:
 - Similar to existing VA.gov profiles, access would allow dependents to upload proof of enrollment through an online portal that generates a timestamp and receipt.
- Pre-verification reminders:
 - Create automated notices 6 months before the dependent's 18th birthday.

Addressing this single chokepoint would eliminate a disproportionate amount of confusion and financial strain for thousands of families each year.

Overall CHAMPVA is performing well, and the reduction in application backlog stands as clear evidence of the dedication of VA's workforce. But as with any successful program, continued refinement is both necessary and possible.

Government Veteran Service Officers are uniquely positioned to assist VA in improving the CHAMPVA experience for eligible family members. As the front-line, accredited advocates charged with helping veterans and their dependents navigate Federal benefits, GVSOs see these challenges—and potential solutions—every day. NACVSO stands ready to support VA and this Committee in modernizing processes, expanding access, and ensuring that the families of our veterans receive the timely, reliable health coverage.

Thank you for your continued leadership and for the opportunity to provide testimony. NACVSO remains committed to working with the Department of Veterans Affairs, CHAMPVA leadership, and Congress to strengthen all programs for those who served and those who stand alongside them.

Jim Zenner,

Policy Director, NACVSO

Director of Military and Veteran Affairs of Los Angeles County

STATEMENTS FOR THE RECORD

Questions for the Record Submitted by Marianette Miller-Meeks

QFRs

House Committee on Veterans' Affairs Subcommittee on Health

"Putting Families First: Strengthening CHAMPVA for Survivors and Dependents"

Wednesday, December 10, 2025
2:15 p.m. – Cannon 360

Mrs. Caira Benson, Veteran Support & Strategic Initiatives Specialist, Code of Support Foundation; CHAMPVA Beneficiary

1. Do you have any recommendations about how V.A. can better communicate what services are covered under CHAMPVA?
2. Have you observed that larger providers may take CHAMPVA but that smaller and independent providers may decline? Why do you believe that is?
3. What inconveniences have you observed specific to college students and their eligibility for CHAMPVA?
4. Would it help to have a provider directory? How would it improve the current situation?
5. Have you seen an improvement in the rate of claims decisions? Have your constituents seen an improvement in the rate of application decisions?

QFRs

House Committee on Veterans' Affairs Subcommittee on Health

"Putting Families First: Strengthening CHAMPVA for Survivors and Dependents"

Wednesday, December 10, 2025

2:15 p.m. – Cannon 360

Dr. Maria D. Llorente, M.D., Acting Assistant Under Secretary for Health, Office of Integrated Veteran Care (IVC), Veterans Health Administration (VHA), U.S. Department of Veterans Affairs (VA); Mr. David Fennell, Director, Veteran and Family Member Programs, Integrated External Networks, IVC

1. Will V.A. take steps to redesign the dual card standard for CHAMPVA users to address useability concerns expressed during the hearing, especially the use of a strip of paper with the user's social security number and other?
2. Will V.A. take steps to make electronic filing available for accredited officers who assist with application and claims submission?
3. Please provide a breakdown in claims filed by providers mandated by law to take CHAMPVA (e.g., hospitals) versus specialty and primary care for fiscal years 2018 through 2025.
4. Please provide the following information for applications and claims in each of the territories for each of the fiscal years 2023 to 2025: the number of applications approved, the number of applications denied, the number of backlogged applications, the number of enrollees, the number of users, the number of claims paid, the number of unique providers paid, the number of backlogged claims.
5. Please provide the number and percentage of applications approved versus denied for fiscal years 2024 and 2025.
6. How is V.A. sharing its modernization efforts with providers?

7. What are V.A.'s projections for the needs of CHAMPVA users in the next five to ten years?
8. What is the duty of care and what does it mean for application and claims processing?
9. About how long does it take to tell whether a beneficiary has hit the deductible? What are you doing to make it possible to do real-time assessments?
10. What would be the effect of extending the claims filing window, from 180 days to a year, until real-time claims tracking is possible?
11. About how long does it take to tell whether a beneficiary uses CHAMPVA as a primary or secondary payer? What are you doing to make it possible to do real-time assessments?
12. Is there any delay in claims reimbursement if CHAMPVA switches from a beneficiary's primary payer to the beneficiary's secondary payer or vice versa? What are you doing to make it possible to do real-time assessments?
13. When did V.A. create the queue for the approximately "300,000" applications from individuals with other health insurance that Mr. Fennell discussed in the hearing? Please provide a breakdown by month of the number of applications queued from the time of the queue creation to this month.
14. What is the average length between the time V.A. processes applications and the time the applicant receives notice of approval or denial? By what form of communication does the applicant receive that notice? What is the number of outstanding notices, if any, for V.A.-processed applications? When does V.A. expect to eliminate the backlog of outstanding notices, if any?

15. How long does it take for an employee to manually enter a paper claim?
 - a. What can be done or is being done to improve the process for deciding paper claims?
16. What can be done to improve the process for deciding claims that do not require preauthorization but receive a second look before approval? The subcommittee has learned that some skilled nursing care claims receive the second-look process.
17. What can V.A. do to keep family members and providers up to date on the status of their applications and claims while V.A. establishes the online tracker, which is set to launch in 2026?
18. Is forcing providers to take CHAMPVA indentured servitude?
19. It's very heartening to hear that 90 percent of electronic claims are being paid within 30 days, but how many claims are *not* electronic, and what proportion of overall claims are they?
20. Is V.A. using artificial intelligence to improve the application or claims process, such as providing applicants and claimants with status updates? If so, how?
21. What is the industry standard for the amount of time to process claims, both paper and electronic, and how does V.A. compare?
22. Please provide an example of "variance" referenced during the hearing that creates delays in CHAMPVA phone and customer service operations.
23. What can be done or is being done to improve call center wait times?

QFRs

House Committee on Veterans' Affairs Subcommittee on Health

"Putting Families First: Strengthening CHAMPVA for Survivors and Dependents"

Wednesday, December 10, 2025

2:15 p.m. – Cannon 360

**Mr. Jim Zenner, National Policy Director, National Association of County
Veteran Service Officers**

1. Are there any opportunities to improve the CHAMPVA customer service experience that you recommend?
2. Have you worked with veterans and their families who have tried to appeal denied applications? What was their experience?
3. Have your constituents seen an improvement in the rate of applications and claims processed?
4. Would it help if V.A. could give real-time status updates for their claim?
5. Are there forms V.A. should eliminate?

Response to Questions for the Record Submitted by Caira Benson

**Questions for the Record for Mrs. Caira Benson
House Veterans' Affairs Committee
Subcommittee on Health
December 10, 2025**

1. Do you have any recommendations about how V.A. can better communicate what services are covered under CHAMPVA?

My primary recommendation is education of beneficiaries and provider networks. I routinely talk to eligible beneficiaries and providers who have no idea what CHAMPVA is, how become enrolled, or how to file claims.

Eligible beneficiaries should be sent information on benefits, enrollment, coverage, and costs. It would also be helpful to disclose any formularies available, out-of-pocket maximums, co-pays or cost shares, supplemental policies, ancillary coverage (i.e. VADIP), and under what circumstances coverage would terminate. The processes for enrollment, claims filing, and reimbursement procedures should also be covered. Beneficiaries should receive the new CHAMPVA handbook yearly, via mail to ensure all beneficiary households receive it.

Providers should be educated on CHAMPVA and its policies, procedures, and claims processes. Providers need to understand the backbone to file on, the reimbursement process, and expected pay time schedules and pay rates. Too many providers do not understand the differences between CHAMPVA, TRICARE, and VA's Community Care Network (CCN). Outreaching to providers who already accept Medicare, Medicaid, TRICARE, and VA CCN would be a common sense first step.

I do believe that provider recruitment should be at the top of VA's To-Do list for CHAMPVA. Part of that recruitment should be education, but much of it would center around ensuring providers knew what services were covered, what claims codes were covered, when pre-authorization is needed, how to submit a claim, and what the process is to receive payment for submitted claims. Without a contract to base expectations on, any provider agreeing to file CHAMPVA would want to know this information.

2. Have you observed that larger providers may take CHAMPVA but that smaller and independent providers may decline? Why do you believe that is?

I, as well as many other beneficiaries, have noted that larger providers have a higher acceptance rate for CHAMPVA. After talking to multiple providers, I believe this can be attributed to several reasons.

- Larger providers have the flexibility to take on patients when the pay is unclear. For providers accepting CHAMPVA, there is no available published fee schedule nor

contracted rates. While VA has testified CHAMPVA pay rates are based upon TRICARE, providers have disclosed to me that pay may vacillate from those rates and be Medicare rates.

- Larger providers are more likely to have fully staffed insurance departments allowing for more man hours to manage registering with VA's pay system (EFT), file needed claims, track claims denials, refile amended claims, ensure claims processing, and track expected payments. A smaller or independent provider may not have that ability due to the hours needed.
- Larger providers are also more likely to have a larger patient load which may help to mitigate the cost of waiting for CHAMPVA claims payments. CHAMPVA has a history of claims payments taking over 90 days. I personally have had a claim take 26 months to pay the provider. Smaller, more independent providers may not have that financial flexibility.

3. What inconveniences have you observed specific to college students and their eligibility for CHAMPVA?

The CHAMPVA certification/recertification process for students is a trying one. Each college student, or high school student over 18, must provide a certification of enrollment from their school to remain covered. Certifications/recertifications for coverage have been historically filed via paper and take upwards of 3-5 months for approval.

Students having filed their paperwork and waiting on approval are often asked to pay for their medical needs out of pocket and to refile claims at a later date. These students often do not have the excess cash to do so, and they will often forgo needed medical treatments and procedures while awaiting their CHAMPVA approval. CHAMPVA beneficiaries on medications are treated as uncovered during this certification/recertification period while trying to fill needed prescriptions, some of which are very expensive. I have watched multiple beneficiaries go without medicines and treatment during these certification/recertification periods.

Over the last five years, I have watched CHAMPVA beneficiaries in college go from yearly to semester certifications/recertifications for coverage. When done yearly, beneficiaries only faced losing coverage during the summer months. Once forced to a semester system, CHAMPVA beneficiaries routinely faced lapsed medical coverage between semesters. Given the time it took to achieve certification/recertification, this meant that beneficiaries were routinely without needed health coverage for months out of each year, some achieving coverage to lose it less than a week later as the next break began.

When my own child started college five years ago, we were allowed to expedite her CHAMPVA certifications/recertifications due to her extensive medical needs. However, this was not allowed in the last two years of her education. This left our child not only asking us for money to pick up medications that could not be stopped without serious harm but also asking us to help pay for doctor's bills for a post-procedure follow-up. Indeed, the length of time for one winter recertification period led to her being sent to collections by a hospital for an Emergency Room bill which CHAMPVA denied payment on due to her "ineligibility." Again, this wasn't due to

lack of eligibility. She was already deemed eligible and received previous coverage. It was due to the certification/recertification process taking so long.

4. Would it help to have a provider directory? How would it improve the current situation?

Yes, a provider director would be extremely helpful for all CHAMPVA beneficiaries. It would allow beneficiaries to find healthcare providers within their communities. Ostensibly, it would also offer providers education on what CHAMPVA is and how to file claims for covered beneficiaries.

My only concern is that if this provider directory is built from previous claims filings, meaning providers who have filed CHAMPVA before, rather than provider recruitment; there will still be large service gaps for CHAMPVA beneficiaries.

5. Have you seen an improvement in the rate of claims decisions? Have your constituents seen an improvement in the rate of application decisions?

I have seen a rate of claims decisions according to VA. I do understand that there is some delay in decisions that required verification of other health insurance (OHI).

Among beneficiaries, I am finally seeing families say they are receiving their decisions arrive in the mail. Many are confused as they receive their pharmacy card prior to the decision with the actual insurance card (i.e. piece of paper) enclosed. One of the most common questions I am being asked since mid-December is, "I received a Optum card. Does this mean my CHAMPVA is approved?" Because CHAMPVA beneficiaries I talk to are finally seeing decisions or cards arrive, I would say there has been an improvement in the rate of application decisions.

However, many with OHI are still waiting on their decision packets. Many beneficiaries are still facing high wait times when calling to try and determine the status of their application. Those beneficiaries who have extensive medical needs or beneficiaries who need expedited cases due to recurring medical needs, still face a bureaucratic nightmare in obtaining care while waiting for their coverage to be approved. Beneficiaries desperately need the ability to seek a quick solution when facing recurring medications, treatments, or care during the certification and/or recertification process.

**Response to Questions for the Record Submitted by U.S. Department of
Veterans Affairs**

**Department of Veterans Affairs (VA)
Questions for the Record Submitted to
Dr. Maria D. Llorente, M.D., Acting Assistant Under Secretary for Health, Office of
Integrated Veteran Care (IVC), Veterans Health Administration and
Mr. David Fennell, Director, Veteran and Family Member Programs, Integrated
External Networks, IVC
Subcommittee on Health
Committee on Veterans' Affairs
U.S. House of Representatives
"Putting Families First: Strengthening CHAMPVA for Survivors and Dependents"**

December 10, 2025

Questions for the Record from the House Committee Veterans Affairs:

Questions 1: Will V.A. take steps to redesign the dual card standard for CHAMPVA users to address useability concerns expressed during the hearing, especially the use of a strip of paper with the user's social security number and other?

VA Response: Yes. In January 2026, the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) partnered with the Veterans Experience Office to begin the redesign of the content on the CHAMPVA identification (ID) Card. The improvement will include upgraded material for the card. To improve the content of the ID card, CHAMPVA will facilitate focus groups with beneficiaries, providers, and Veteran Service Organizations to collect reactions to "prototype" cards and identify the best information and design that supports ease of access to care for CHAMPVA stakeholders. CHAMPVA is partnering with the Office of Information and Technology (OIT) to transition from the use of Social Security Number to Integrated Control Number (ICN) to identify beneficiaries in VA systems of record. CHAMPVA is 98% complete with the first step of configuring its eligibility system so that all member records can receive an ICN. Future steps include beneficiary and provider-facing outreach on this eligibility system change, the assessment of transition on CHAMPVA Access Card, and configuration of the CHAMPVA claim adjudication system to accept an ICN in January 2027, which is the first step needed to eliminate the use of full SSN in healthcare and pharmacy claim processing in CHAMPVA.

Question 2: Will V.A. take steps to make electronic filing available for accredited officers who assist with application and claims submission?

VA Response: Electronic filing for CHAMPVA Benefits (VA Form 10-10d), CHAMPVA Beneficiary Claims (VA Form 10-7959a), and CHAMPVA Other Health Insurance Certification (VA Form 10-7959c) are available online at CHAMPVA's website at VA.gov. Accredited officers can assist with these online applications and submissions.

Question 3: Please provide a breakdown in claims filed by providers mandated by law to take CHAMPVA (e.g., hospitals) versus specialty and primary care for fiscal years 2018 through 2025.

VA Response: VA provider data files in CHAMPVA do not contain information to distinguish if a provider is a Medicare-participating provider, making the requested data set unavailable. VA is working on a future provider directory solution that captures more information on a provider's participation beyond CHAMPVA (to include Medicare, VA Community Care, and Tricare).

CHAMPVA claims data and provider reference files do not contain an explicit field that identifies whether a provider is mandated by law to take CHAMPVA. Instead, CHAMPVA identifies providers primarily through standard industry identifiers (such as National Provider Identifier and Tax Identification Number) and claim-type indicators (for example, institutional versus professional). These data elements support limited differentiation between institutional facilities (such as hospitals) and other non-institutional providers, but they do not directly encode a legal obligation to accept CHAMPVA.

Question 4: Please provide the following information for applications and claims in each of the territories for each of the fiscal years 2023 to 2025: the number of applications approved, the number of applications denied, the number of backlogged applications, the number of enrollees, the number of users, the number of claims paid, the number of unique providers paid, the number of backlogged claims.

VA Response: CHAMPVA maintains data at a national level, providing aggregate figures rather than location-specific metrics such as application approvals or denials by territory.

Data available for the five inhabited U.S. Territories, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and U.S. Virgin Islands, are listed below:

5 U.S. Territories Unique Providers Paid	
Fiscal Year (FY) 2025	1,654
FY 2024	1,780
FY 2023	1,947
5 U.S. Territories Number of Enrollees	
FY 2025	6,414
FY 2024	5,623
FY 2023	5,392
5 U.S. Territories Number of Active Users	
FY 2025	1,481
FY 2024	1,437
FY 2023	1,558
5 U.S. Territories Total Number of Claims Paid	

FY 2025	38,215
FY 2024	38,762
FY 2023	45,500

Question 5: Please provide the number and percentage of applications approved versus denied for fiscal years 2024 and 2025.

VA Response: In FY 2024, CHAMPVA processed 84,509 applications, with 3,955 not meeting eligibility requirements—a rejection rate of approximately 4.7% (approved 95.3%).

In FY 2025, CHAMPVA managed a significant increase in volume, receiving 207,586 applications and rejecting 9,213, or 4.4% (approved 95.6%). By the end of FY 2025, CHAMPVA eliminated its backlog of pending applications, enabling Veterans' families' timely access to critical health care and benefits.

Question 6: How is V.A. sharing its modernization efforts with providers?

VA Response: In calendar year 2025, CHAMPVA promoted its online forms and modernizations in VA news and social media, the Provider Advisor, Medicare Learning Network, and on the CHAMPVA program website. CHAMPVA will increase stakeholder and provider connection in calendar year 2026 through expanded outreach and focused provider communications that include mass mailing, email distributions, and recorded call campaigns to specific audiences based on need and interest.

Question 7: What are V.A.'s projections for the needs of CHAMPVA users in the next five to ten years?

VA Response: VHA enrollment and forecasting projects continued growth year-over-year for the next 10 years. CHAMPVA projects that as program enrollment grows, with users who expect convenient health care platforms comparable to the private sector, CHAMPVA will need to strengthen its operational and technological foundation to ensure it remains credible, sustainable, and aligned with VA ICARE values. To do so, in FY 2026, CHAMPVA is partnering with OIT to advance modern external- and internal-facing platforms and automation solutions that support end-to-end health benefits operations for a growing population of users. Simultaneously, CHAMPVA is refining its communication and outreach to maintain regular contact with both individual beneficiaries and the broader Veteran and beneficiary demographic it serves.

Question 8: What is the duty of care and what does it mean for application and claims processing?

VA Response: Duty to assist means CHAMPVA is required to make reasonable efforts to help beneficiaries gather evidence to support a claim for VA benefits. CHAMPVA will make a reasonable effort to help obtain the following types of evidence:

- VA medical records;
- Military service records;
- Other types of Federal records; and
- Private medical records, like non-VA hospital or private health care provider reports.

For CHAMPVA application and claims processing this means that processors search VA and Tricare systems to determine eligibility and processors contact applicants for additional information needed to confirm eligibility. For claims processing, VA contacts the beneficiary or the holder of private medical records if information is required to process a claim.

Question 9: About how long does it take to tell whether a beneficiary has hit the deductible? What are you doing to make it possible to do real-time assessments?

VA Response: CHAMPVA must process a beneficiary's first outpatient claim of the calendar year before determining whether the annual outpatient deductible has been met. Deductible amounts are applied only as claims are adjudicated rather than in real time at the point of service. Beneficiaries can view their most recent Explanation of Benefits (EOB) to determine how much deductible and cost share has been applied for the year.

As part of CHAMPVA's long-term online modernization, CHAMPVA is working toward a future capability that will allow beneficiaries to check the status of their claims through an online portal, which is intended to support near real-time status checks. This solution is designed to make it easier for beneficiaries to understand their financial responsibilities by including the progress they are making toward meeting their deductible and without having to wait for paper EOBs to be published.

Question 10: What would be the effect of extending the claims filing window, from 180 days to a year, until real-time claims tracking is possible?

VA Response: The CHAMPVA claims filing deadline is: (a) 1 year from the date of service; (b) 1 year from the date of discharge for inpatient care; (c) 180 days following beneficiary notification of authorization for retroactive approval for medical services/supplies; or (d) 180 days following notification to the beneficiary of authorization of service occurring on or after the date of first eligibility for retroactive approval of CHAMPVA eligibility.

Proposed regulations for title 38 part 17 programs are under development to reduce claims timely filing requirement to 180 days. This rulemaking aims to implement certain provisions of the VA Maintaining Internal Systems and Strengthening Integrated Outside networks (MISSION) Act of 2018 (P.L. 115-182).

Maintaining the current claims and application filing deadlines will continue to facilitate access for beneficiaries seeking reimbursement for health care services. VA is

monitoring introduced legislation to make technical corrections of the MISSION Act from 180 days to 1 year for claims timely filing.

Question 11: About how long does it take to tell whether a beneficiary uses CHAMPVA as a primary or secondary payer? What are you doing to make it possible to do real-time assessments?

VA Response: CHAMPVA determines whether it pays primary or secondary as soon as current other health insurance (OHI) information is recorded in the beneficiary's file. In most cases, this status is established shortly after updated OHI is received and uploaded, rather than at the point of service in real time.

Providers typically confirm payer sequence using the CHAMPVA ID card, the beneficiary's report of other coverage, and claims processing outcomes, including which EOB is required. To move toward real-time assessment at the clinic level, CHAMPVA is enhancing electronic eligibility and OHI verification capabilities, expanding use of automated transactions with clearinghouses and other payers, and modernizing its provider-facing tools so that payer status can be viewed more quickly and with less manual effort.

Question 12: Is there any delay in claims reimbursement if CHAMPVA switches from a beneficiary's primary payer to the beneficiary's secondary payer or vice versa? What are you doing to make it possible to do real-time assessments?

VA Response: Yes. When CHAMPVA's position changes between primary and secondary payer, there can be a delay in reimbursement because claims must be processed in the correct order with the beneficiary's OHI. This sequencing means CHAMPVA generally cannot finalize payment until the other payer has made its determination and issued an EOB.

CHAMPVA's coordination of benefits rules and electronic billing processes are structured to minimize this lag. Once a beneficiary's OHI is correctly updated in VA's systems, the appropriate payer sequence is automatically applied to subsequent claims. To support this, beneficiaries are required to promptly report any changes in coverage using our online capabilities through the customer service contact center, or by submitting VA Form 107959c, to ensure their coverage file can be updated without unnecessary delay.

To move toward real-time assessment at the clinic level, CHAMPVA is enhancing electronic eligibility and OHI verification capabilities, expanding use of automated transactions with clearinghouses and other payers, and modernizing its provider-facing tools so that payer status can be viewed more quickly and with less manual effort.

Question 13: When did V.A. create the queue for the approximately "300,000" applications from individuals with other health insurance that Mr. Fennell

discussed in the hearing? Please provide a breakdown by month of the number of applications queued from the time of the queue creation to this month.

VA Response: CHAMPVA released its new online OHI Certification Form (VA Form 10-7959c) in February 2025, allowing beneficiaries to submit their OHI form and supporting documents, such as Medicare documents, copies of their health insurance card, and other documentation online. In the initial go-live, CHAMPVA experienced a transitional period in measurement of OHI Certification Form inventory. All items submitted online – official certification forms, plus accompanying one-sided copies and miscellaneous documents - were counted as inventory, driving the total document count to a high of 351,634 in September 2025. At times, one Veteran sponsor may have several eligible beneficiaries who submit multiple OHI forms with numerous front and back copies of the insurance card for each beneficiary. OHI measurements from February 1, 2025, to January 14, 2026, contained multiple document types and did not give a clear view of the actual OHI workload.

Effective January 15, 2026, CHAMPVA instituted a new OHI measurement system. This new measurement is possible based on improvements to the online form, which allow for the accurate identification and count of the official OHI Certification Form as only one inventory item. The new OHI Dashboard is standardized and is the single reporting source, which counts only OHI certifications.

CHAMPVA OHI inventory is at 21,097 certification forms, which is within operational goals.

Data requested with an explanation for the variance are below:

Month	Total OHI Items in Inventory (End of Month)
March 2025	72,069
April 2025	75,512
May 2025	62,696
June 2025	142,846
July 2025	197,459
Aug 2025	271,389
Sept 2025	351,634
Oct 2025	297,532
Nov 2025	26,191
Dec 2025	48,818
Jan 2026	21,097 (OHI Certs only effective January 1, 2025)

Question 14: What is the average length between the time V.A. processes applications and the time the applicant receives notice of approval or denial? By what form of communication does the applicant receive that notice? What is the number of outstanding notices, if any, for V.A.-processed applications? When does V.A. expect to eliminate the backlog of outstanding notices, if any?

VA Response: As of December 10, 2025, there were no outstanding notices in CHAMPVA pending printing and mailing to eligible beneficiaries. The average length of time between VA's decision regarding eligibility and the time the applicant receives notice of approval (with access card) or denial is 7 to 10 business days, due to mailing and delivery times.

Question 15a: How long does it take for an employee to manually enter a paper claim?

VA Response: The average processing time to manually enter a paper claim packet is 33 minutes. Whenever possible, CHAMPVA recommends that beneficiaries work with their providers to submit claims on their behalf via an electronic data interchange (EDI) clearinghouse or have providers mail claims to the provider mailing address in Florida for faster processing. Provider-submitted claims are processed faster than manually entered paper claim packets submitted by beneficiaries.

Question 15b: What can be done or is being done to improve the process for deciding paper claims?

VA Response: The process for deciding paper claims has been improved to allow for processing at the time of submission of the claim. Beneficiaries can submit claims and supporting documentation via VA.gov.

Further process improvement will come from the delivery of a "Smart Claims" tool that automatically converts paper claim submissions into electronic claims that result in quicker adjudications. The tool will reduce manual entry of claims date, improving both speed and accuracy.

CHAMPVA supports beneficiaries and providers during the process by contacting them by phone, when possible, to obtain any missing or incomplete information, rather than returning or denying the claim.

Question 16: What can be done to improve the process for deciding claims that do not require preauthorization but receive a second look before approval? The subcommittee has learned that some skilled nursing care claims receive the second-look process.

VA Response: In CHAMPVA, for certain skilled nursing facility (SNF) claims that do not require preauthorization, a clinical nurse reviews the claims as a "second look." This ensures that services are medically necessary and reimbursed appropriately under CHAMPVA's statutory authority and program guidance.

For these second look claims, nurses review the clinical notes, claim codes, and other medical documentation to confirm that the billed services meet CHAMPVA medical necessity standards and applicable coverage criteria before payment is adjudicated.

When patterns are identified, CHAMPVA refines and updates its business rules so that more routine SNF submissions can be auto-adjudicated, reducing the need for manual clinical review and speeding up payment where appropriate.

To improve the decision process for claims that receive this second look, CHAMPVA is:

- Continuing to adjust medical-necessity business rules to increase appropriate auto-adjudication and limit clinical review to only the most complex or ambiguous SNF cases;
- Using claims data to identify common denial or approval patterns and refine guidance to providers on documentation that will support faster, more accurate decisions; and
- Exploring additional automation and decision-support tools so nurse reviewers can focus on high-value clinical judgment rather than routine checks, which improves consistency and timeliness in outcomes.

Question 17: What can V.A. do to keep family members and providers up to date on the status of their applications and claims while V.A. establishes the online tracker, which is set to launch in 2026?

VA Response: While an online status portal is being developed, CHAMPVA uses several methods to inform family members and providers on the status of applications and claims. Family members can request updates through existing customer service channels (this is, phone or written inquiries). They also receive written notices whenever an application or claim is approved or denied, or additional information is required, such as contact information for follow-up questions.

For providers, status information is communicated through EDI responses via their clearinghouses or practice management systems, which confirm claim receipt, report claim status, and convey payment information. These channels provide interim visibility into application and claim status until the self-service online portal launches in 2026.

Importantly, CHAMPVA took steps in FY 2025 to eliminate backlog and reduce processing time, eliminating the need for families' members to seek frequent updates.

Question 18: Is forcing providers to take CHAMPVA indentured servitude?

VA Response: Pursuant to 38 C.F.R. § 17.272, there is a requirement to accept beneficiaries for inpatient services for Medicare-participating hospitals: "A Medicare-participating hospital must accept the CHAMPVA determined allowable amount for inpatient services provided to a CHAMPVA beneficiary as payment in full." See also, 42 U.S.C. § 1395cc(a)(1)(L) and [42 C.F.R. § 489.25 \(https://www.ecfr.gov/current/title-42/section-489.25\)](https://www.ecfr.gov/current/title-42/section-489.25).

Question 19: It's very heartening to hear that 90 percent of electronic claims are being paid within 30 days, but how many claims are *not* electronic, and what proportion of overall claims are they?

VA Response: In FY 2025, CHAMPVA processed 51,000 paper claims. Paper claims are less than 1% of CHAMPVA's overall claim inventory.

Question 20: Is V.A. using artificial intelligence to improve the application or claims process, such as providing applicants and claimants with status updates? If so, how?

VA Response: CHAMPVA is using data auto-ingest and artificial intelligence to improve the application process. Data are scanned from handwritten, mailed applications and from online applications for ingest into VA systems. Data points are ingested into VA systems of record, reducing manual entry in processing.

Providers submit more than 90% of CHAMPVA claims via an EDI clearinghouse. These claims are auto-adjudicated through business rules that evaluate claims against CHAMPVA statute. CHAMPVA auto-adjudicates more than 22 million claims a year at 95% in 30 days or less, improving its ability to efficiently process claims for a growing demographic of users.

In 2025, CHAMPVA released self-service online forms at VA.gov for convenient application, OHI, and claim submission to CHAMPVA. As part of continuous modernization, CHAMPVA is partnering with OIT to develop status functionality for these online forms, increasing transparency in the program.

Question 21: What is the industry standard for the amount of time to process claims, both paper and electronic, and how does V.A. compare?

VA Response: There is variance across the industry for claims processing times based on claim type, but Medicare and Tricare both reference:

- "Clean" claim – within 30 days or sooner; and
- "Unclean" or manual claim – within 45 days.

CHAMPVA processing times are:

- "Clean" claim or claim that is complete for electronic auto-adjudication – within 30 days; and
- "Unclean" or claim that requires any kind of manual intervention – within 45 days.

A clean claim is one that is complete, accurate, and includes all required information and documentation so that it can be processed without requesting any additional information from the provider or beneficiary.

An unclean claim is one that cannot be processed to payment or denial on first submission because it is incomplete, inaccurate, or otherwise requires additional information or investigation.

Question 22: Please provide an example of “variance” referenced during the hearing that creates delays in CHAMPVA phone and customer service operations.

VA Response: Call center wait times may be impacted by situational customer-facing factors or annual events that drive higher-than-normal call volume, creating delays in customer service operations. For example, in early 2025, prior to CHAMPVA application service recovery, the Family Member Contact Center experienced high call volume from beneficiaries checking the status of applications that had aged beyond 30, 60, or 90 days.

Factors creating variances and affecting call volume include tax season, which may lead to seasonally high beneficiary call volume related to requests for tax form 1095-B (available upon request only, starting January 2026); system modernizations such as system migrations, records migrations, changes in how to submit information to CHAMPVA; and changes in covered services.

Solutions in response to question 20 are planned to support increased transparency and self-service, reducing call volume. Further, VA plans to release a self-service 1095-B tax form for CHAMPVA beneficiaries to download at their convenience in January 2027. The online 1095-B will eliminate the need to call VA to request a copy.

Question 23: What can be done or is being done to improve call center wait times?

VA Response: In 2025, CHAMPVA released self-service online forms at VA.gov for convenient application, OHI, and claim submission to CHAMPVA. As part of continuous modernization, CHAMPVA is partnering with OIT to develop status functionality for these online forms to increase transparency and reduce the need for beneficiaries, Veterans, and accredited officers to contact VA for status. In 2026 and 2027, CHAMPVA will release additional online forms, update its websites, and improve its program guidebook. These improvements will focus on providing ease of access and relevant information beneficiaries need to navigate CHAMPVA.

**Department of Veterans Affairs
April 2026**

**Response to Questions for the Record Submitted by National Association of
County Veterans Service Officers**

**NATIONAL ASSOCIATION OF
COUNTY VETERANS SERVICE OFFICERS**



**QUESTIONS FOR THE RECORD RESPONSES
NATIONAL ASSOCIATION OF COUNTY VETERAN SERVICE OFFICERS
FOR THE
HOUSE VETERANS' AFFAIRS COMMITTEE**

January 6, 2026

Presented by

Mr. Andrew Tangen

President, National Association of County Veterans Service Officers

Superintendent, Veterans Assistance Commission of Lake County, Illinois

The Honorable Mariannette Miller Meeks
Chairwoman, Subcommittee on Health
364 Cannon House Office Building
Washington, DC 20515

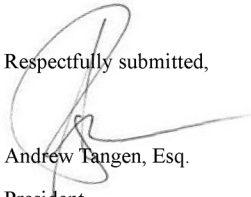
Chairwoman Meeks,

On behalf of the National Association of County Veteran Service Officers (NACVSO), thank you for the opportunity to appear before the House Committee on Veterans' Affairs Subcommittee on Health Oversight on December 10, 2025.

We appreciate the Subcommittee's continued engagement on issues impacting veterans and their families, as well as the opportunity to provide additional information in response to the Questions for the Record. Please find NACVSO's responses enclosed, submitted in accordance with the Committee's requested timeline.

Thank you for your leadership and for your ongoing commitment to strengthening veterans' health care programs and oversight. Should you or your staff require any additional information, we stand ready to assist.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read 'Andrew Tangen', is written over the typed name.

Andrew Tangen, Esq.
President,

National Associate of County Veteran Service Officers

QFRs

House Committee on Veterans' Affairs Subcommittee on Health

"Putting Families First: Strengthening CHAMPVA for Survivors and Dependents"

Wednesday, December 10, 2025

2:15 p.m. – Cannon 360

1. Are there any opportunities to improve the CHAMPVA customer service experience that you recommend?

Absolutely. Based on NACVSO's experience assisting veterans and their families nationwide, there are several clear opportunities to further improve the CHAMPVA customer service experience while building on the program's operational successes.

First, modernizing the CHAMPVA application process through digital submission would significantly improve customer service for dependents and their advocates. Currently, accredited Government Veteran Service Officers, or GVSOs, must rely on paper-based submissions by fax or mail, which prevents confirmation of receipt, limits the ability to track application status, and complicates follow-up when families seek updates. A secure digital submission workflow—similar to the Veterans Benefits Administration's National Work Queue—would allow applicants and accredited representatives to receive confirmation numbers, view real-time status updates, and reduce administrative burden on CHAMPVA staff. Enabling eligible dependents to access VA.gov for CHAMPVA-related benefits and documentation would further enhance transparency and self-service capabilities.

Second, expanding representation authority under VA Form 21-22 to include VHA and CHAMPVA offices would improve the customer service experience by allowing accredited GVSOs to communicate directly with CHAMPVA staff on behalf of families. This change would reduce delays, prevent avoidable errors, and allow issues to be resolved more efficiently, particularly for dependents who rely heavily on accredited advocates to navigate VA systems.

Third, increasing provider awareness and participation would materially improve the CHAMPVA experience at the point of care. Many community providers lack familiarity with CHAMPVA or confuse it with TRICARE or VA Community Care, resulting in delayed or denied care for eligible dependents. Targeted provider education, inclusion of CHAMPVA in electronic health record billing systems, and partnerships with professional medical associations would reduce confusion and expand access for families.

Fourth, redesigning CHAMPVA identification cards would address frequent provider confusion between CHAMPVA and Community Care cards. A clearly differentiated card would reduce billing errors, prevent dependents from being turned away, and lessen the need for repeated follow-up with CHAMPVA customer service.

Finally, addressing the coverage gap for dependent students turning 18 would significantly improve the customer experience for families during a critical transition period. Lengthy processing times for school enrollment certification can create months-long gaps in coverage, forcing families to pay out of pocket and pursue reimbursement later. Provisional continuation of coverage, automated data exchanges with educational institutions, online certification options through VA.gov, and proactive pre-verification notices would reduce administrative burden and eliminate unnecessary gaps in care.

In summary, while CHAMPVA is performing well—particularly in reducing application backlogs—these targeted improvements would enhance transparency, reduce confusion, and provide a more reliable and user-centered experience for eligible family members. NACVSO and its accredited GVSOs stand ready to continue partnering with VA and Congress to support these improvements.

2. Have you worked with veterans and their families who have tried to appeal denied applications? What was their experience?

Yes. Our GVSOs occasionally work with veterans and their families who are appealing denied CHAMPVA applications. In practice, VHA handles these appeals through the Veterans Benefits Administration appeals framework and proceed directly to the Board of Veterans' Appeals, without intermediate options such as a Higher-Level Review or a Supplemental Claim processes.

As a result, CHAMPVA appeals often become part of the broader VBA appeals backlog and can take many months—and in some cases years—to resolve. For families seeking health care coverage or payment of medical expenses, these delays can be especially burdensome and disruptive.

We believe there are opportunities to improve this experience through clearer education and training across VA components regarding the CHAMPVA appeals process, as well as by exploring reforms that would allow CHAMPVA denials to be reviewed outside of the standard VBA appeals track. Introducing an intermediate review option, such as a Higher-Level Review prior to a formal appeal, could resolve many cases more quickly and reduce the burden on the Board.

3. Have your constituents seen an improvement in the rate of applications and claims processed?

Yes and we are grateful for the hard work of CHAMPVA staff and leadership for this. NACVSO members across the country have consistently reported a noticeable improvement in the rate at which CHAMPVA applications and related claims are being processed. Our members are hearing that initial CHAMPVA applications are now being processed in an average of approximately ten days, with some cases completed in as few as four days.

This represents a significant improvement compared to prior years and has had a meaningful, positive impact on eligible dependents by reducing delays in access to health care coverage. Our constituents recognize and appreciate the efforts of CHAMPVA leadership and staff in addressing backlogs and improving timeliness.

While challenges remain in specific areas—such as appeals, provider education, and transitional eligibility periods—the overall pace of application processing has improved, and our members view this progress as a strong foundation upon which further customer service improvements can be built.

NACVSO values its open lines of communication with CHAMPVA and VA leadership and is actively engaged in advising our members and learning from our partners. We appreciate the opportunity to contribute to any future discussions on CHAMPVA appeals reform and stand ready to assist in improving the process for veterans and their families.

4. Would it help if V.A. could give real-time status updates for their claim?

Yes. Providing real-time status updates would meaningfully improve the CHAMPVA claims experience for veterans, their dependents, and NACVSO members who assist them.

As discussed in our prior responses, the absence of real-time visibility creates uncertainty for families and limits the ability of advocates to provide timely and accurate updates. A system that offers confirmation of submission and clear status indicators—such as “received,” “in review,” or “decision issued”—would increase transparency, reduce unnecessary follow-up calls, and build confidence in the process.

Real-time status updates would also reduce administrative burden on CHAMPVA staff by minimizing duplicative inquiries and would align CHAMPVA with modern best practices already in use elsewhere within VA. NACVSO strongly supports this improvement and views it as a foundational step toward a more efficient, user-centered customer service experience.

5. Are there forms V.A. should eliminate?

Rather than eliminating CHAMPVA forms outright, NACVSO believes the greater opportunity lies in simplifying and modernizing the existing forms to improve usability and reduce confusion for applicants and their families.

Currently, CHAMPVA relies on several separate forms, including the application for benefits, reimbursement requests, reporting of other health insurance, and school enrollment certification. While each serves a distinct purpose, the instructions are often difficult to navigate, and the overall process can be confusing—particularly for dependents completing these forms without assistance.

A more effective approach would be to convert CHAMPVA forms into streamlined “EZ-style” forms, similar to the improvements VA has made to other high-volume benefits forms. Clearer instructions, simplified layouts, and digital submission options would significantly improve accuracy and reduce delays caused by incomplete or incorrect submissions.

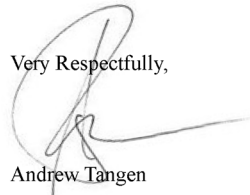
If one form were to be considered for elimination, the CHAMPVA school enrollment certification presents the strongest case. VBA already maintains school enrollment processes for dependent education benefits, and duplicating this requirement within CHAMPVA creates unnecessary redundancy. Integrating a CHAMPVA eligibility indicator into existing VBA school enrollment

workflows—and enabling data sharing across VBA, VHA, and CHAMPVA—would improve efficiency, reduce administrative burden, and help prevent coverage gaps for dependent students.

Overall, better alignment and interoperability across VA components, combined with simplified forms, would represent a meaningful improvement over the current process.

Once again, thank you for your continued engagement with NACVSO and these thoughtful questions. We value the opportunities to continue work with you and your staff as a trusted partner in strengthening programs that support veterans and their families. Furthermore, we appreciate your ongoing commitment to oversight and collaboration that leads to meaningful improvements in veteran service delivery

Very Respectfully,

A handwritten signature in black ink, appearing to read 'Andrew Tangen', with a large, stylized initial 'A'.

Andrew Tangen
President, NACVSO

Prepared Statement of Paralyzed Veterans of America

Chairwoman Miller-Meeks, Ranking Member Brownley, and members of the subcommittee, Paralyzed Veterans of America (PVA) appreciates this opportunity to share our views on how to strengthen the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) for survivors and dependents.

CHAMPVA is a comprehensive healthcare program for the spouse or widow(er) and children of an eligible veteran. The Department of Veterans Affairs (VA) shares the cost of certain healthcare services and supplies provided through this program with eligible beneficiaries. It may also provide benefits to the Primary Family Caregiver through the Program of Comprehensive Assistance for Family Caregivers.

Accessing healthcare through CHAMPVA can be challenging for several reasons. Until recently, just getting an initial application for CHAMPVA health coverage approved took months. In late November, VA announced it eliminated a backlog of more than 70,000 CHAMPVA applications. They are processing new applications in a handful of days, and the department says they can process more than the 4,000 new applications per week that it currently receives.

They substantially reduced the number of pending appeals as well, from roughly 20,000 earlier this year to about 1,000 today. Their success in reducing the backlog for both claims and appeals is properly attributed to Secretary Collins' decision to use overtime pay for VA staff to get the job done, while streamlining the process and leveraging automation to speed it up. VA expects to move to a more automated application processing system this month, which will increase the efficiency of processing CHAMPVA applications. It will also ensure that most medical services and pharmacy claims are electronically processed within days of receipt for more timely payment.

There may be some lingering concerns regarding payment holds for CHAMPVA providers. These holds are placed on providers who have not enrolled in electronic funds transfer, and we understand there are thousands of them in this position. The lack of timely reimbursements has plagued the program, and we urge the department to work with these providers to resolve the problem as quickly as possible.

Finding providers that accept CHAMPVA has always been a vexing issue for several reasons. The paperwork burden for the program is high, insurance denials can be troublesome, there is no network to manage rates or fee schedules, and reimbursement rates are extremely low, making those provided by other Federal and private plans far more attractive. We encourage Congress to work with VA to address each of these problem areas.

Coverage for a veteran's children under CHAMPVA currently expires when they turn 18, unless they are full-time students. In this case, they continue to receive coverage until they turn 23, stop attending school full-time, or get married. However, for most Americans with health insurance, their adult children can remain on their plan until age 26 with no separate premium, as mandated in the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148). CHAMPVA and the military's TRICARE programs were not affected by the ACA, so they required separate congressional action to extend these benefits to children up to age 26. This discrepancy was addressed for TRICARE in 2011 and H.R. 1404, the CHAMPVA Children's Care Protection Act would fix this for VA's CHAMPVA program.

The delay in making this change to CHAMPVA has adversely impacted several of our members, including PVA member Amy and her husband. She served honorably in the U.S. Marine Corps before an SCI/D cut her military service short. Her husband served in the Marine Corps as well, but injuries he sustained in Operation Desert Storm curtailed his military career, too. Both have 100 percent disability ratings from the VA. Their two boys have severe immune deficiencies that were caused by their parents' exposure to hazards during their military service. As a result, the boys require weekly plasma infusions to keep them alive. These infusions cost thousands per month, and they cannot afford to pay for them out of pocket. They rely on CHAMPVA to provide this life-saving care and suffered tremendous angst when their oldest child turned 18. Fortunately, he became well enough with the infusions that they were able to keep him in school and CHAMPVA until he turns 23 in March 2026. The younger child is currently 17 but he has additional comorbidities that may not allow him to do the same. The family is straining under the pressure that the lack of action from Congress has put on them, and unless legislation like this is passed, there is a very real possibility that both children will age out of the program next year.

The VA testified in opposition to the companion measure to this bill during a May 1, 2025, Senate Veterans' Affairs Committee hearing. The witness correctly stated that CHAMPVA was not affected by the ACA, but we disagree with VA's assertion that it is not health insurance because it clearly functions like it. For example, cer-

tain types of care and services require preauthorization. This approval is extremely important, and the failure to obtain it may result in denial of the claim. Also, providers must be properly licensed in their State to receive payment from CHAMPVA, and they cannot be on the Medicare exclusion list. To be reimbursed, providers must file a claim, using diagnosis and procedure codes that all other healthcare plans follow.

The congressional Research Service (CRS) which advises Congress on programs like this seems to agree. In its October report to Congress on VA healthcare programs for dependents and survivors, CRS stated, “CHAMPVA is primarily a health insurance program where certain eligible dependents and survivors of veterans receive care from private sector healthcare providers. The program is administered by the Veterans Health Administration (VHA), Assistant Under Secretary for Health (AUSH) for Integrated Veteran Care, Office of Integrated Veteran Care (IVC). The law (38 U.S.C. § of veterans, 1781) requires CHAMPVA to provide for medical care in the same or similar manner and subject to the same or similar limitations as medical care is furnished to certain dependents and survivors of active duty and retired members of the Armed Forces under [the Department of Defense (DOD) TRICARE program].”¹

DOD’s TRICARE program wasn’t affected by the ACA either, but Congress created the TRICARE Young Adult program in 2011, which provides health care for qualified young adults aged 21 to 26 who are unmarried and not eligible for an employer-sponsored health plan. Our government should not deem veterans’ dependents and survivors less worthy than civilians for support. Those who are eligible for CHAMPVA should be able to retain their healthcare coverage until their 26th birthday just like those in private and Federal healthcare plans. H.R. 1404, the CHAMPVA Children’s Care Protection Act, would raise CHAMPVA’s eligibility age to 26, making it consistent with all other Federal and private plans. We urge Congress to pass this legislation as quickly as possible.

PVA would once again like to thank the subcommittee for the opportunity to submit our views on CHAMPVA. We look forward to working with you on this important issue and would be happy to take any questions for the record.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding Federal grants and contracts.

Fiscal Year 2026

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events—Grant to support rehabilitation sports activities—\$368,500.

Fiscal Year 2025

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events—Grant to support rehabilitation sports activities—\$502,000.

Fiscal Year 2023

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events—Grant to support rehabilitation sports activities—\$479,000.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.



¹Health Care for Dependents and Survivors of Veterans, October 16, 2024.